

# CHEMIST & DRUGIST

THE NEWSWEEKLY FOR PHARMACY

INSIDE  
OVER THE COUNTER MAGAZINE

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17 May 1997

**EPIC accepted as  
part of MSF union**

**Cheltenham contractors  
tackle super-surgery**

**Dobson heralds end  
of NHS fundholding**

**The New Age challenge  
for health authorities**

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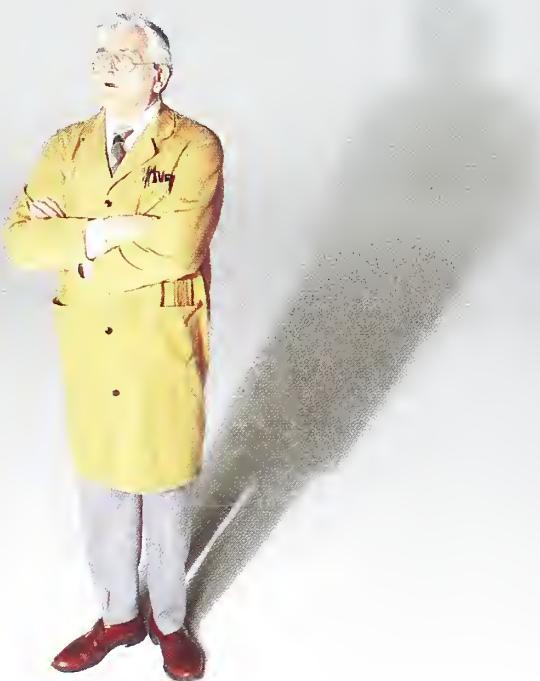


**Michael Ward looks  
ahead for AAH/Lloyds**

**Teva UK gears up for  
launch of Copaxone**

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IT'S TIME TO GO

The Queen's Speech earlier this week gave an indication of where the Labour Government's priorities will lie in the months ahead. Yet another shake-up of primary care lies ahead, with the health secretary, Frank Dobson, pledging to end the 'two-tierism' which he believes GP fundholders and the internal market have created. That the changes will be introduced through a White Paper lends credence to Mr Dobson's stance that the last thing the NHS needs is another programme of wholesale reform. The knock-on effects on community pharmacists are hard to predict, since the Government's plans are hazy. The centralised remuneration system and a restrictive contract have meant that pharmacists have never got stuck into service provision in the way they might have done. Fundholding is likely to be replaced with agreements between commissioning health authorities and providers to deliver a certain range of services in return for a certain level of resources. However, it is unclear at what level these agreements will be made, and this will be an area that PSNC will need to keep a close eye on. Locality commissioning could work to pharmacists' benefit if the LPC becomes the recognised provider unit, and LPCs continue to gear up for a more active local role. Given the commitment to cut NHS bureaucracy, there may also be a move back to global agreements in certain 'devolved' areas. Devolution could also have consequences for the way the profession is structured. At its most extreme, it may mean a separate Scottish Register. It could mean a loosening of the links between academic and hospital establishments north and south of the border. This is all a long way off, but some minds are already thinking around the options. A more immediate concern is this year's pay settlement, an item which the Government ought to get out of the way as soon as possible if progress is to be made in other areas.

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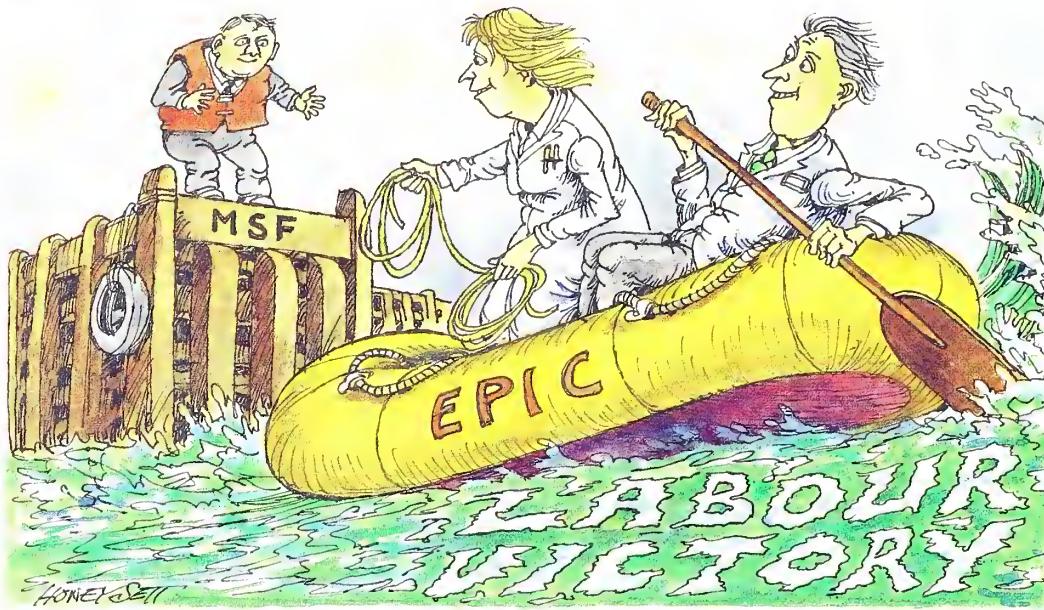
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# EPIC union with MSF



EPIC, the recently-formed Employee Pharmacists in the Community group, has recruited enough members to enable it to become a section of the MSF Union.

The EPIC steering committee met with MSF officials over the weekend to hear that a sufficient number of people have joined the group to satisfy the union's needs. However, chairman Bob Gartside will not say how many pharmacists have signed up.

Application forms which MSF has been holding will now be actioned and cheques cashed. Union facilities will be available to those who have paid the \$99.84 annual membership fee.

EPIC has adopted a different structure from the regional organisation used by the Guild of Hospital Pharmacists, which also falls under the MSF umbrella.

EPIC members will be able to use the full services of MSF through the local branches in those areas of law and practice common to all employment.

There will be a central organisation which will handle specifically pharmaceutical matters. The central organisation will also handle intra- and inter-professional matters.

Those pharmacists who made up the steering committee will continue as officers of the new

MSF section. The new committee, led by Mr Gartside, is looking to co-opt new members who can bring additional skills into the organisation.

It may be up to six months before a general meeting is called at which a constitution will be adopted and an executive committee elected, says Mr Gartside. In the meantime, MSF will be co-ordinating a membership drive. Any employee pharmacist is eligible for membership, he says.

New members should apply to Patrick Canavan, MSF Union, Dane O'Coys Road, Bishops Stortford, Hertfordshire CM23 2JN (tel: 01279 755377).

## Dobson heralds the end of fundholding

The health secretary, Frank Dobson, has announced that the internal market and GP fundholding created eight years ago under the NHS reforms is to be abolished.

The Government is to publish a major NHS White Paper setting out its proposals. Mr Dobson believes many of the proposed changes can be achieved without legislation.

The Government will immediately act to ensure that GP fundholders do not enjoy unfair financial advantages. Ministers have also pledged to cut unnecessary bureaucracy, cut down on the flow of invoices and generally cut management costs.

Downing Street said the Government was committed in the longer-term to a lead role for primary care in planning local

health services and improving co-operation between all concerned in supporting the NHS.

Speaking to senior NHS Executive staff in Leeds last week, Mr Dobson was unable to give a precise view of the way ahead, but he indicated there would not be a programme of wholesale reform.

However, it is clear that GP fundholding will be an early casualty. "We will act to tackle two-tierism, ensuring that fundholders do not enjoy unfair financial advantages and that non-fundholders do not suffer disadvantages," said Mr Dobson.

Labour's election manifesto outlined plans to bring GP practices together, with three- to five-year contracts between local teams and hospitals.

In the longer-term, a leading role seems assured for primary

care in planning local health services to meet patients' needs.

There was only one health bill announced in the Queen's Speech on Wednesday, and that will clarify the power of NHS trusts to enter into private finance initiative contracts.

• The new Labour Government is to look at ways of introducing an effective ban on tobacco advertising as part of a concerted plan to reduce smoking.

Tessa Jowell, the minister for public health, announced the Government's intention to set new goals to improve the health of the nation at the World Health Assembly in Geneva last week.

Priority will be given to prevention and to "moving beyond an approach to health which is concerned purely with the treatment of illness".

## Scotland appoints new health minister

Sam Galbraith, MP for Strathkelvin and Bearsden, has been appointed minister for health and the arts at the Scottish Office. He is also minister for sport.

A spokeswoman for the Scottish Office explained that the minister sees the health and sport portfolios as being closely linked, as both concern physical well-being.

Mr Galbraith was a consultant in neurosurgery, at the Greater Glasgow Health Board, from 1978-87. He was opposition spokesman on Scottish affairs and health from 1988-92.

## Protocols: enhancing the profession while being professionally restrictive?

Medicines sales protocols could both enhance the professional image and be professionally restrictive, according to community pharmacists in Lancashire.

Since January 1, 1995, pharmacists in the UK have been required to have written protocols covering the procedures to be followed when a medicine is supplied or advice on treatment is sought.

A postal survey of 138 Lancashire pharmacists looked at community pharmacists' perceptions of the usefulness and application of pharmacy protocols, and the results were published in *The International Journal of Pharmacy Practice*.

Almost all the respondents (96 per cent) said they used protocols in their place of work, with the National Pharmaceutical Association identified most frequently as the source used to develop a protocol. Nine out of ten pharmacists worked with protocols which encompassed general procedures for the sale of all P medicines and almost two out of three (63 per cent) had procedures to supply specific products.

Four out of ten had protocols for specific symptoms, most commonly those associated with gastro-intestinal disorders or upper respiratory tract conditions.

When asked for their opinions on the implementation and future development of protocols, most responses were positive with the majority of respondents feeling that "protocols make their work more efficient, improve teamwork within the pharmacy and enhance the professional image of pharmacy". However, some pharmacists wanted to be able to exclude certain groups of customers from the protocols, such as those they knew well.

# Group bid for pharmacy

A consortium of six independent contractors in Cheltenham is preparing a bid to run a pharmacy in a proposed super-surgery.

The aim is to prevent closure of community pharmacies in the town if the surgery, which would house about 26 doctors and serve 46,000 patients, is built on the former St Paul's Maternity Hospital site.

The United Chemist Association represents eight pharmacies. Peter Badham, one of the

contractors, told *C&D* that profits from the health centre consortium would be used to compensate the independents for loss of business. "The idea would be to come to a sensible agreement with the doctors," he said.

Last summer, local pharmacies collected 11,500 signatures in their support when plans were put forward to build a similar centre at a former coach station. Although this proposal was shelved, Mr Badham commented

that there was obviously much goodwill towards the existing pharmacies.

Cheltenham Borough Council received the new planning application on April 17. The hospital would be demolished and five GP surgeries would move into new premises. There would be retail areas and parking for 200 cars. A spokesman said that, as it was a major development, the case would not be considered until June at the earliest.

## Pharmacy in new 'one-stop' health centre

A pharmacy is to be included in part of a ground-breaking 'one-stop' primary healthcare project in Tipton, near Dudley.

The \$3.4 million Neptune Health Park will unite a wide range of healthcare and promotion services, social services, voluntary organisations and community facilities on one site, providing 'one-stop' access for locals.

Project manager Dawn Wickham says: "Integrated working is a unique aspect of the project. Members of other one-site centres don't work together once they are inside their building.

"We have discussed joint policy and protocols, training and projects at services manager group meetings over the last six months.

"People coming here sign up to the park's philosophy of working in an integrated way. Co-operation has been very good, although cultures, rules and regulations differ. The will to make things work is there."

Duncan Murray, proprietor of 15 pharmacies in Murray's Chemist group, will set up a pharmacy at the park. The pharmacy was designed by Alexander King, a winner of *C&D*/Whitehall's 'Fit for the Nineties' shop design awards.

The pharmacy will provide all the regular services and specialise in alternative therapies. It will have five staff: a pharmacist, two dispensers and two counter assistants.

"Integrated working is a fine idea. I am looking forward to better communications, including using electronic mail to communicate with colleagues, and the projects that will result from this," says Mr Murray.

The existing services were becoming too old and small to fulfil current and anticipated needs. The park will serve 50,000 people in the north west of Sandwell.

"Although the Neptune Health Park project will not affect local contractors, pharmacy in Sandwell is under threat because the health authority wants major developments in six towns," says local pharmaceutical committee secretary Peter Ingrams.

"Five or six pharmacies could get wiped out in a short period of time. Sandwell Health Authority currently has a project under way in Blackheath, and one planned for Sandwell in two or three years' time.

The minor relocation of one Blackheath pharmacy has threatened the viability of the remaining High Street pharmacies.

"The LPC has expressed its concerns to the health authority. Doctors in West Bromwich have also been worried about the effect of huge surgeries in their area."

A six-partner GP fundholding practice and facilities for X-ray, minor surgery, outpatients, audiology, physiotherapy and chiropody services will transfer to the park.

Also on-site will be an information centre, an opticians, a Citizens' Advice Bureau, voluntary organisation offices and a cafe.

Building begins at the end of May, and should be complete by March next year. The site will be fully-operational by June 1998.

Sandwell Healthcare NHS Trust, the GP practice, the health authority and voluntary organisations have all been involved in setting up the park.

## Dr Roberts ousted but refuses to go

The Dispensing Doctors' Association has registered a vote of no confidence in its chairman, Dr David Roberts, for his refusal to negotiate with pharmacists on rural dispensing.

But Dr Roberts has not accepted the decision and is waiting for the result of a postal ballot of the Association's 2,000 members.

At an extraordinary general meeting last week, 25 members voted for a motion expressing no confidence in the chairman; 11 voted against and there were four abstentions. The meeting also voted for a motion saying that the Association's over-riding priority was the protection of its members' interests.

Meanwhile, Dr Roberts' supporters organised a ballot through the Electoral Reform Society in the belief that an extraordinary general meeting was not representative of the Association as a whole. The ballot carries similar motions as those put to the meeting, and Dr Roberts has said he will step down if the vote of no confidence is carried by a majority. The deadline is May 23.

Dr David Baker, an executive committee member and chairman of the GMSC's rural practices subcommittee, said the Association was taking legal advice to clarify the position. Richard Melton is acting as interim chairman until the next annual meeting in November.

"We think we've acted entirely correctly, but Dr Roberts thinks not," Dr Baker told *C&D*. "It's sad because he's done so much for the Association over the years, but the time has come for a new approach." The new committee wanted to talk with pharmacists and end the 'back-stabbing', while continuing to push for dispensing doctors' rights.

"The only way forward is negotiation, which involves give and take on both sides," he said.

## Vegetarian Week

The Vegetarian Society is aiming to brighten up UK diets as part of its 150th anniversary celebrations. It will be holding National Vegetarian Week, from June 2-8, and the first-ever vegetarian food festival, Vegfest, at Castlefield arena in Manchester on June 7. Tel: 0161 928 0793.

## Terfenadine stock

Novartis Consumer Health has offered to help pharmacists who may have surplus stocks of terfenadine following recent safety concerns. Hoechst Marion Roussel has already said it would review customers' residual stocks.

## OTC hayfever guidelines

The British Society of Allergy and Clinical Immunology has revised its OTC hayfever treatment guidelines for pharmacists and pharmacy assistants in the light of concerns over non-sedating antihistamines. The guidelines recommend topical corticosteroids as a first-line treatment for moderate or severe hayfever symptoms.

## Disciplinary hearing

The Royal Pharmaceutical Society's statutory committee will be holding a disciplinary hearing for pharmacist Shirley Davis on July 16. Ms Davis, of Maguire's Chemist in West Kilburn, was found guilty of overdispensing a controlled drug at Knightsbridge Crown Court at the end of March, and given a conditional discharge for two years.

## Sir Michael Shersby

Sir Michael Shersby, Conservative MP for Uxbridge and advocate of the Pharmacists (Fitness to Practise) Act 1997, has died from an apparent heart attack, aged 64. He is survived by his wife, Barbara, a pharmacist, and his son and daughter.

## Name error

In the report of the Young Pharmacists' Group's RPSGB Council hustings (April 26, p20), the surname of one candidate, Joanne West, was replaced with Webb. We apologise for the error.

## Failed bid

Tesco has failed in its bid to open a dispensing chemists within its store in Penzance, Cornwall. Objections to the proposal were lodged by the local medical committee and the Cornwall community health council as well as the local pharmaceutical committee.

# OTC misuse conference attracts 'Healthcheck'

A conference on OTC drug misuse hosted by the School of Pharmacy at the Queen's University of Belfast on Thursday may have attracted more publicity than it bargained for, since one of the participants tipped off the BBC's 'Healthcheck' television series that it was taking place.

As a result, the programme is planning to feature the topic in the edition broadcast next week on May 22.

The conference arose from a shared interest in OTC drug misuse and the pharmacist's role in harm reduction by Belfast pharmacist Terry Maguire and David Temple, director of the Welsh Centre for Pharmacy Postgraduate Education.

Among the 20 or so others who attended Thursday's event were researcher Janie Sheridan, Northern Ireland pharmacy inspector Michael Mawhinney, Kay

Roberts (from Scotland), Professor James McElroy, head of the pharmacy department at Queen's, and representatives from the four Northern Ireland health boards. David Grieve, the director of Overcount, a support service for OTC misusers, was also invited. It is understood he tipped off the BBC.

The conference examined the scale of the problem and how to develop ways of tackling it.

## The sun-loving, stressed-out English

A third of respondents, aged 16-54, surveyed by the Office for National Statistics, said that they had taken drugs illegally. Of these, 14 per cent had done so in the last year and 9 per cent in the last month.

The ONS has published these statistics and other facts about the nation's health-related knowledge, attitudes and behaviour in its 'Health in England 1996' report. The report gives a snapshot of people's attitudes to smoking and drinking, physical activity, nutrition, drug use, sexual health, behaviour in the sun and general health.

The Health Education Monitoring Survey was established to measure the Health Education Authority's contribution to achieving the Health of the Nation targets.

In 1995, the HEMS survey collected baseline data against which future change could be measured. The 1996 survey is the first to monitor changes in the public's perceptions. The 4,600 interviewees will be interviewed again in 1997 to monitor any changes in behaviour.

These were some of the findings.

- Just over a quarter of those surveyed (28 per cent) had used cannabis, 13 per cent had used amphetamines, 9 per cent had used amyl nitrates, and 1 per cent had used heroin.

Of the people reporting having taken illegal drugs in the last month, 18 per cent said they intended to stop in the next month, and 10 per cent did not see the need to ever stop taking drugs.

Drug use was most likely to be reported by those aged 19-21. In this group, 74 per cent of men and 50 per cent of women had tried drugs at some time.

- Sixty-nine per cent of women and 62 per cent of men reported that they had experienced a 'moderate' or 'large' amount of stress in the previous 12 months, up from 1995 figures of 60 and 52 per cent respectively.

- A third of men and women smoke at least one cigarette a day. Smoking is most common in the 16-24 age group, and the incidence decreases with age.

Almost two-thirds of smokers would like to give up. Smokers

aged 25-44 and those who smoke ten or more cigarettes a day were most likely to want to quit. More than a quarter of smokers who had tried to give up, and smoked more than 20 cigarettes a day, had tried nicotine chewing gum (25 per cent) or patches (27 per cent). However, only 7 and 6 per cent respectively of ex-smokers who had smoked more than 20 a day had used these methods, although this could be due to the limited availability of such products when some ex-smokers gave up.

- Alcohol consumption for both men and women was higher in the 16-24 age-group than it was in other age groups. The mean consumption in this group was 22.4 units a week for men and 14.4 for women.

- Having a tan makes people feel good: 49 per cent of women and 40 per cent of men agreed that 'having a suntan makes me feel healthier' and 'having a suntan makes me look more attractive'. However, the proportion of people who thought a tan was important decreased slightly from 28 (1995) to 25 per cent (1996).

## Legal & General survey highlights pharmacist's expertise

Almost two out of every three people taking part in a survey by health insurer Legal & General have consulted a pharmacist for medical advice. Women were more likely to do so than men (72 per cent versus 54 per cent) and the presence of children is also an influencing factor – 76 per cent of people with kids have consulted their pharmacists.

One reason for consulting the pharmacist, given by 30 per cent of respondents, was the fact that

they are more convenient than the doctor.

The survey of 1,000 people in April revealed a surprising level of ignorance about emergencies and out of hours healthcare. If those surveyed witnessed a road accident where a pedestrian had been knocked down by a car only 9 per cent would call an ambulance. One in five didn't know what out of hours service is provided by their GP.

In response to the survey,

Legal & General has produced a free booklet, 'A guide to contacting your doctor'. It includes basic advice on emergency procedures, such as resuscitation, as well as details of how to find a GP. Services offered by pharmacies are described and the reader is encouraged to ask whether it would be cheaper to buy a prescribed OTC product.

The booklet is available free by calling Legal & General's Freefone number: 0800 393542.

## Nurse prescribing receives book publication boost

Nurse prescribing has received another boost with the publication of a new book for nurses and GPs, 'The Minor Illness Manual'.

The book, which has become a best-seller for Radcliffe Medical Press, describes how to train nurses in the treatment of minor ailments in practice, and lists protocols for the treating of each minor illness.

The writers, GPs from the Stowesley Group Practice in Luton, trained one of their practice nurses, Rhona Rawlings, to deal with minor illnesses. The training took about eight months, and initially involved the practice nurse sitting in with the GPs to see patients being treated for minor illnesses.

The minor illness nurse (MIN) can treat conditions such as coughs and colds, ear ache, sore throats, diarrhoea and vomiting, cystitis and rashes, and is allowed to prescribe from a limited formulary of 70 items, including antibiotics and Schering PC4. She does not prescribe medication in 50 per cent of cases, and has referred 6 per cent of her patients to the doctor immediately.

The MIN runs a clinic once or twice a day. Patients phoning up requiring an urgent minor ailment consultation will be offered an appointment with the MIN.

An independent evaluation by Luton University found that patients were equally satisfied seeing the MIN as a doctor.

"In theory, I think it would be possible for a pharmacist to do the same job, if they were in a practice setting," says Dr Gina Johnson.

## Non-prescription advice is effective

Non-prescription advice offered to the public by community pharmacists does have a positive effect, according to a new study published in *The International Journal of Pharmacy Practice*.

The majority of clients who received advice from a pharmacist for the treatment of minor ailments actually used the medicines purchased, adhered to the instructions and accepted any recommendations to see their GP, despite recalling less than 25 per cent of the advice offered to them.

Of the 98 clients interviewed after going to the pharmacy, all reported being satisfied with their visit.

“*M*y poor friend Stanley has many different allergies.”



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dental hygiene. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Sedation. Transient mild gastro-intestinal disturbances, blurred vision, headaches, urinary retention, dry mouth, drowsiness, coordination, jaundice, cardiovascular disturbances, chest tightness, blood dyscrasias, allergic reactions, dizziness and tinnitus. Children and the elderly are more prone to the neurological anti-histamine effects and rarely may become confused or excitable. **Retail selling price (inc. VAT):** Piriton Allergy Tablets 30 £2.19; Piriton Syrup 150ml £2.75. **Legal Category:** P. **Product licence numbers:** 00630088 (Piriton Syrup) 0036-0091 (Piriton Allergy Tablets). **Product licence holder:** Stafford-Mule Ltd, Broadwater Road, Welwyn Garden City, Herts, AL7 3SP. **Date of preparation:** March 1997. **EW/35/94**

# Topical Reflections

## More than one way to skin a cat

Community pharmacists have always exhibited split personalities caused by the conflict of interest in running a professional practice while having to compete in the retail market place.

It has been argued that pharmacists can never achieve true professional recognition while they remain tainted with 'trade', but I believe it is having to practise in the real world that develops the unique characteristics of community pharmacy.

Primary care pharmacy is diversifying down many roads, and this dynamism is exciting for its future. However, as individuals commendably capitalise on these opportunities, they may not establish the precedent that others have to follow.

I am constantly being entreated to throw off the coarse mantle of commerce and join with my medical colleagues in their sanitised world of primary healthcare. But in that clinical environment, who will be left to deal with the mundane but very real health problems of my customers – the checkout girl at the local supermarket?

I readily admit that I have wire dump bins carefully positioned by the door and filled with attractively-priced non-medicinal merchandise. To some this may seem highly unprofessional, but these bins shift enormous quantities of products that I would not otherwise sell and attract customers to my shop in preference to the local supermarket.

They are a true manifestation of my ability to

successfully balance professionalism with commercial reality. The display technique may owe more to a degree in retail management than that of clinical pharmacy, but then most supermarkets are also managed by graduates and most of a very high calibre!

I do not apologise for my commercial approach because it is successful and ensures my professional independence in the community. Good luck to all those pharmacists who succeed in their more 'clinical' career development, but in so doing they should avoid criticising those colleagues who choose to practise their profession on the shop floor.

## Supplements still running rings around the MCA

I notice that the date for the judicial review on the legal status of melatonin has been set for October (C&D May 10). While I have to wait for the due processes of law to determine whether I can legally sell melatonin, it is still available by mail order. And not only melatonin but also dehydroepiandrosterone, or DHEA for short, which is a weak, naturally-occurring androgen and, according to my latest information, a Prescription Only Medicine in this country.

Both these products are available, along with many other miracles of the supplements industry, through a US company, Stateside Laboratories, which



has recently entered the UK mail order market. The company has kindly sent me the European issue of its 'Life Extension' magazine. It seems that, 'at a price', the elixir of life is available under plain cover and delivered direct to your door.

What I still cannot understand is how gross medical claims can be made and restricted substances sold under the guise of 'food supplements'. This problem was also highlighted on BBC1's 'Watchdog Health-check' programme last week, when the abuse of ephedra herb, as a performance-enhancing supplement in the often twilight world of body building and athletics, was uncovered.

Leaving aside the inability of the BBC to distinguish between pseudoephedrine and ephedrine, the valid point was made that a drug, properly restricted in its medicinal form, is freely available as its herbal source in products with wild-sounding names where neither content nor dose are declared.

Meanwhile, the Medicines Control Agency seems more concerned with removing the responsibility for over the counter medicines from pharmaceutical control than tackling the real and potentially dangerous abuse of so-called 'health supplements' on the alternative market.

A comprehensive system of licensing for these products is urgently required and that is where the priority of MCA activity and Government legislation should lie.



## Noticing the minor shifts in emphasis

For a number of years we have heard how pharmacists' income has decreased due to Government pressure to reduce healthcare costs. We have heard that retail pharmacies are losing market share in their front of shop sales.

During this time, we have also witnessed a Government (now out of power) that has continually worked towards either full privatisation of health services, or encouraged the use of private finance to reduce the costs being met from the public purse.

Is it possible that the Royal Pharmaceutical Society may not have noticed these minor shifts in emphasis, or is it so confident that a change in Government will bring about redress for the years of reducing income?

## The profession appears intent on losing income opportunities

Recently, there has been a growing number of companies that are prepared to pay pharmacists to collect and collate data on their behalf. The payments, while not vast, represent a small reversal in pharmacy fortunes and seem to fit well with introducing additional income streams to pharmacy.

The data collection companies have chosen to collect their data from pharmacies, as opposed to the prescriber direct, and seem to have acted in every way to meet the requirements of the Data Protection Act. In so doing, they are trying to pump much-needed finance into pharmacy.

Meanwhile, the Society's Ethics Committee seeks to find every possible obstacle to ensure that the profession it purports to represent cannot benefit from this potential income stream.

The companies involved may recognise that perhaps the medical profession would prove an easier path for data collection.

Yet again, the profession appears intent on losing income opportunities and would prefer fellow professionals to gain and at pharmacists' expense.

Written by a senior industry manager.

# Introducing the new generation of advanced first aid

A new range of advanced first aid products used and trusted by healthcare professionals is now available over the counter.

It enables your customers to be better prepared for everyday injuries and provides you with exciting new sales opportunities.



## OpSite® FLEXIGRID

3 clear waterproof film dressings  
Sterile (10 cm x 12 cm)

### Skin protection

### Minor wounds

### Minor burns

Bacteria proof  
Helps heal  
Protects like a second skin

## Melolin®

5 cushioned dressing pads  
Sterile (10 cm x 10 cm)

### Cuts

### Grazes

### Minor Burns

Absorbs and protects  
Comfortable

## Jelonet®

5 paraffin jelly dressings  
Sterile (10 cm x 10 cm)

### Minor burns

### Cuts and grazes

## OpSite® Post-Op

5 clear adhesive waterproof dressing

Torso (8.5 cm x 8.5 cm)

## OpSite® FLEXIGRID

5 clear waterproof film dressings  
Sterile (8 cm x 7 cm)

### Minor burns

### Cuts and grazes

### Minor Burns

Bacteria proof  
Helps heal  
Protects like a second skin

## Primapore®

5 adhesive wound dressings

Sterile (8.3 cm x 6 cm)

### Cuts

### Grazes

### Blisters

Soft and flexible  
Covers and protects

as used by the healthcare profession

Trade marks of Smith & Nephew

professional care

Smith+Nephew

# SCRIPTspecials

## Nifensar XL unavailable

Rhone-Poulenc Rorer is warning customers that supplies of Nifensar XL (nifedipine controlled release 20mg) will not be available until further notice because of manufacturing difficulties at Elan

**Pharmaceuticals Technologies.** Patients should be referred to their GPs as soon as possible for treatment review.

**Rhone-Poulenc Rorer Ltd. Tel:** 01732 584000.

## Cox's generic doxycycline

**Cox Pharmaceuticals** has launched its own generic doxycycline 100mg capsules in blister packs of 50 (basic NHS price £14) and eight (£2.97).

**Cox Pharmaceuticals. Tel:** 01271 311200.

## Femulen bar code correction

The EAN bar code carried on new packs of 28 Femulen tablets is incorrect, as it refers to packs of Aldactone 25mg 100 tablets instead. Orders received by wholesalers after May 7 should carry the correct Femulen code, which is 5010 827 866463.

**Searle (division of Monsanto plc).** Tel: 01494 521124.

## Managing menopause

Pharmacists confused by conflicting research data on HRT can now turn to a new booklet, entitled 'Managing the Menopause III - a practical guide to long-term HRT'. Written by Dr Cathy Read with guidance from a professor of obstetrics and gynaecology, and a consultant cardiologist, the booklet provides a concise summary and analysis of current data to help healthcare professionals evaluate the risks and benefits of HRT. Copies are available free from Novo Nordisk through company representatives or by contacting Sally Harvey at: **Novo Nordisk Pharmaceuticals Ltd. Tel:** 01293 613555.

## GW's Naramig: greater selectivity and potency

Glaxo Wellcome has launched Naramig (naratriptan 2.5mg tablets), a new 5HT-1 agonist for migraine, which is better tolerated and more potent than Imitran and is associated with fewer headache recurrences.

Naramig (six tablets, basic NHS price £24) is recommended as monotherapy for the acute treatment of migraine with or without aura. It should not be used prophylactically.

The adult dose is one 2.5mg tablet at the onset of headache. If symptoms recur after an initial response, a second dose may be given, but a minimum four-hour gap should be allowed between doses and the total dose should not exceed 5mg in any 24-hour period.

In clinical studies, naratriptan relieved headache and associated symptoms in three-quarters of patients after four hours and the same number were fit enough to return to their normal daily activities.

Naratriptan has a longer half-life than sumatriptan (six hours

compared to two) and is more rapidly absorbed from the gut (bioavailability of up to 74 per cent compared to 14 per cent). This means a longer duration of action and fewer incidences of headache recurrence (recurrence in 19 per cent of patients on naratriptan compared to 36 per cent with sumatriptan).

The new drug is also highly selective for the cranial vasculature, displaying virtually no affinity for the 5HT-2 and 5HT-3 receptors in the periphery blood vessels and the gastro-intestinal tract. This means a side-effects profile similar to that of placebo and a very low incidence of tingling and chest discomfort commonly reported with the other migraine treatments.

Glaxo Wellcome believes Naramig will help relieve migraine in a wider range of patients, although Imitran will still offer the advantage of different formulations - tablet, injection and nasal spray.

**Glaxo Wellcome UK Ltd. Tel:** 0181 990 9000.

## MEDICAL MATTERS

## *H pylori* guidelines to aid consistent GP prescribing

New guidelines for the management of *Helicobacter pylori* in the community are intended to ensure more consistent prescribing by GPs, thus allowing better stock control by pharmacists.

The management criteria, compiled by the Primary Care Society for Gastroenterology, state that:

- all patients with gastric ulcers or duodenal ulcers not due to NSAIDs and all patients with chronic active gastritis who are *H pylori*-positive should have eradication therapy
- C13 breath test is the ideal
- a one-week triple therapy of a proton pump inhibitor and two antibiotics is the best eradication regimen
- in areas of high metronidazole resistance the regimen is PPI, amoxycillin 1g and clarithromycin 500mg, all twice daily
- in areas of low resistance the regimen is PPI, metronidazole 400mg and clarithromycin 500/250mg, all twice daily
- in second-line therapy the regimen is PPI once daily, amoxycillin 500mg three times a day and metronidazole 400mg three times a day.

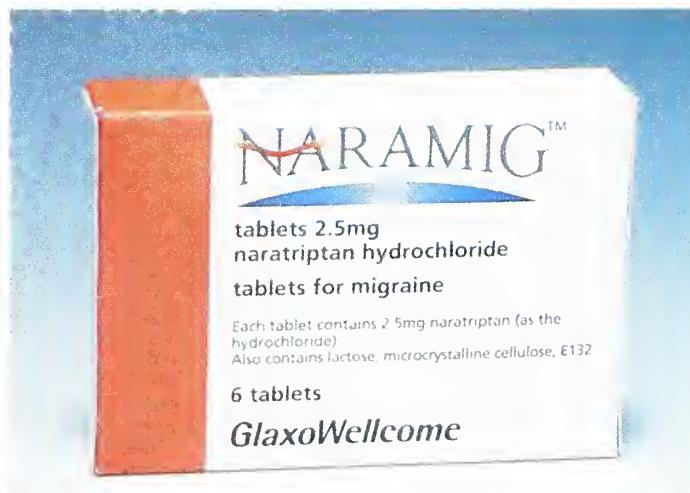
## Cockroaches in link to asthma

Exposure to cockroach allergen is associated with more severe asthma morbidity in children compared to other more common allergens, reports the *New England Journal of Medicine*.

Children with asthma living in deprived inner-city conditions in the US were tested for sensitivity to house-dust mites, cat allergens and cockroach allergens, and the results compared with data on their morbidity due to asthma.

Researchers found 36.8 per cent of the children were allergic to cockroaches, 34.9 per cent to dust mites and 22.7 to cats. Cockroach allergens in dust were found in more than half their rooms.

Children exposed to cockroach allergens had higher levels of hospitalisation and more unscheduled medical visits to their doctors for asthma per year. Wheezing and disturbed sleep was also more prevalent in these children.



## Famvir licence for recurrent infections

Famvir is now indicated for use in the treatment of recurrent genital herpes infections.

The dose for acute treatment is 125mg twice daily for five days, with treatment initiated as soon as possible after onset of lesions. The dose for suppression is 250mg twice daily and treatment

should be interrupted periodically every six to 12 months to allow observation for any changes in the disease's natural history.

Special suppression dose patient packs for Famvir have been produced as a result. These packs contain 56 x 250mg tablets

(basic NHS price £286.27).

The new indication of Famvir is in addition to existing ones for herpes zoster infections and first episode genital herpes infections.

**Smithkline Beecham Pharmaceuticals. Tel:** 01707 325111.



# THIS ADVERTISEMENT IS GOING TO GIVE THE COMPETITION A HEADACHE.

Migralev has been created especially for migraines by a migraine sufferer.

Now Migralev's new £1million campaign has been designed

to talk to sufferers in a way no other analgesic can.

To prevent financial pain, we suggest you take it immediately.

Product Information: Migralev Tablets. Indications: For treatment of migraine attacks which can include the symptoms of migraine headache, nausea and vomiting. Presentation: Migralev 1 - pink tablets each containing 150mg Ibuprofen; Migralev 2 - yellow tablets each containing Paracetamol 500mg, Codeine Phosphate PhEur 8mg. Dosage and administration: Adults. Treatment: Two pink Migralev 1 tablets immediately. It is known that a migraine attack has started or is imminent. If symptoms persist, take two yellow Migralev 2 tablets every four hours. Maximum eight tablets (two Migralev 1 and six Migralev 2) in 24 hours. Children 10-14 years: One pink Migralev 1 initially. If required one, allow Migralev 2 every four hours. Maximum four tablets (one Migralev 1 and three Migralev 2) in 24 hours. Not for administration to children under 10 except under medical supervision. Elderly (over 65): As for adults. Contra-indications, warnings etc. Contra-indications: Hypersensitivity to the ingredients. Precautions: Patients suffering from high blood pressure should be treated for this condition independently. Because of the possibility of drowsiness, consideration should be given to patients involved in hazardous occupations. Avoid alcohol, drink should be used with caution in patients with liver and kidney dysfunction. Migraine should be medically diagnosed. Migralev should not be taken with prescribed medicines or for extended periods without the advice of a doctor. Side effects: Rarely, allergic reactions such as skin rashes, hives or itching (paracetamol), constipation (codeine phosphate) or drowsiness (butazolidin hydrochloride). Use in pregnancy: Whilst there are no specific reasons for contra-indicating Migralev during pregnancy, as with all drugs, it is common sense to take care. Migralev is not contra-indicated in breast-feeding mothers. Treatment of overdosage: As for paracetamol (i.v. acetylcysteine) and codeine (injection of naloxone). Package quantities and RSPs: Migralev 1 - PL 0232/0027. Migralev 2 - PL 0232/0028. Migralev Dual - PL 0232/0029. Licence Holder: Charnell Pharmaceuticals Limited, Alton, Hampshire GU34 2TJ. Date of preparation: April 1997. Further information available from: Pfizer Consumer Healthcare, Wilson Road, Alton, Hampshire GU34 2TJ. **Pfizer** Consumer Healthcare

# COUNTERpoints

## Power relaunch for Solpadeine

Smithkline Beecham has relaunched its Solpadeine Pharmacy-only analgesic.

New packaging aims to alert new users to the product's ability to deflect pain fast.

The relaunch is backed by a \$4.5 million support package, which includes TV advertising during the next four weeks.

A new commercial features a computer-generated character to show an understanding of the impact pain has on people's lives. It carries the message 'Solpadeine's power to hit pain where it hurts'.

New point of sale



material features a statue-style cut-out of the TV hero.

**Smithkline Beecham Consumer Healthcare.**  
Tel: 0181 560 5151.

## Charity appeal for Pregnacare pregnancy supplement

Vitabiotics is launching a charity fund-raising project through its Pregnacare pregnancy supplement.

The appeal is for money for Wellbeing's research into

pregnancy and birth.

Starting in June, the four-month campaign is targeted at independent pharmacies. Customers will be invited to buy an advice booklet on pregnancy and birth for a

suggested \$0.50 donation to the charity.

The campaign will be supported by in-store posters, collecting tins and brochure holders.

**Robinson Healthcare.**  
Tel: 01246 220022.

## Beconase Hayfever: don't miss out

Warner-Lambert has launched a new drive to support Beconase Hayfever.

New point of sale material is available to give the brand in-store support. Counter units and window display material feature a new concept, with the strapline 'Don't miss out this summer'.

A total of \$1.8 million is being spent on

advertising and PR this year. The campaign includes TV, national radio, press advertising and posters on the London Underground.

The advertising highlights the message that sufferers need not miss out this summer if they use Beconase Hayfever regularly.

**Warner-Lambert Consumer Healthcare.**  
Tel: 01703 641400.



## Right under your very nose

3M Health Care has produced special nose-shaped point of sale material to promote its Breathe Right nasal strips to hayfever sufferers.

When placed across the nose, the strips act as a 'spring' to gently dilate the nasal passages.

In trials, the product was clinically proven to provide relief from the symptoms of hayfever and other allergies by reducing nasal airflow resistance by more than 30 per cent.

Because they are drug-free, the strips, which retail at £5.99 for ten, can be used in conjunction with any prescribed or over the counter hayfever remedies.

**Scholl Consumer Products.**  
Tel: 01582 482929.

## A bit of a giveaway from Calpol

Warner-Lambert Consumer Healthcare is supporting its Calpol children's analgesic with professional sample packs.

Over half a million packs of Calpol 5ml sachets will be distributed to health professionals. The

initiative is to enable health professionals to introduce the product to new mothers.

Samples will be supplied to health visitors, practice nurses, GPs and health centres.

**Warner-Lambert Consumer Healthcare.**  
Tel: 01703 641400.

## Panadol goes on an elephant hunt

A trip to Kenya is the first prize in a Panadol competition for pharmacy assistants.

The winner will have a first-hand encounter with the elephants from Panadol's advertising campaign.

The competition tests the assistants' knowledge

of Panadol Night. It runs until July and all entries must be received by August 1.

Details and entry forms are available from local Smithkline Beecham representatives.

**Smithkline Beecham Consumer Healthcare.**  
Tel: 0181 560 5151.

## Help at hand from Thornton & Ross

Thornton & Ross has launched a new initiative to back its Care range of OTC medicines. A new product information file is available to assist in advising customers.

Support also includes consumer information leaflets, point of sale material, shelf strips and a helpline answered by a pharmacist.

**Tel: 01484 842217, ext 353.**

## Milupa boxes clever with babymilks

Nutricia is relaunching Milupa Aptamil with Milupan and Milupa Forward babymilks in smaller, compact boxes.

The new look is designed to present consistency across the range. Milupa Milumil has been available in compact boxes since it was reintroduced to the market in February.

The packaging provides improved storage and handling benefits for pharmacists and consumers.

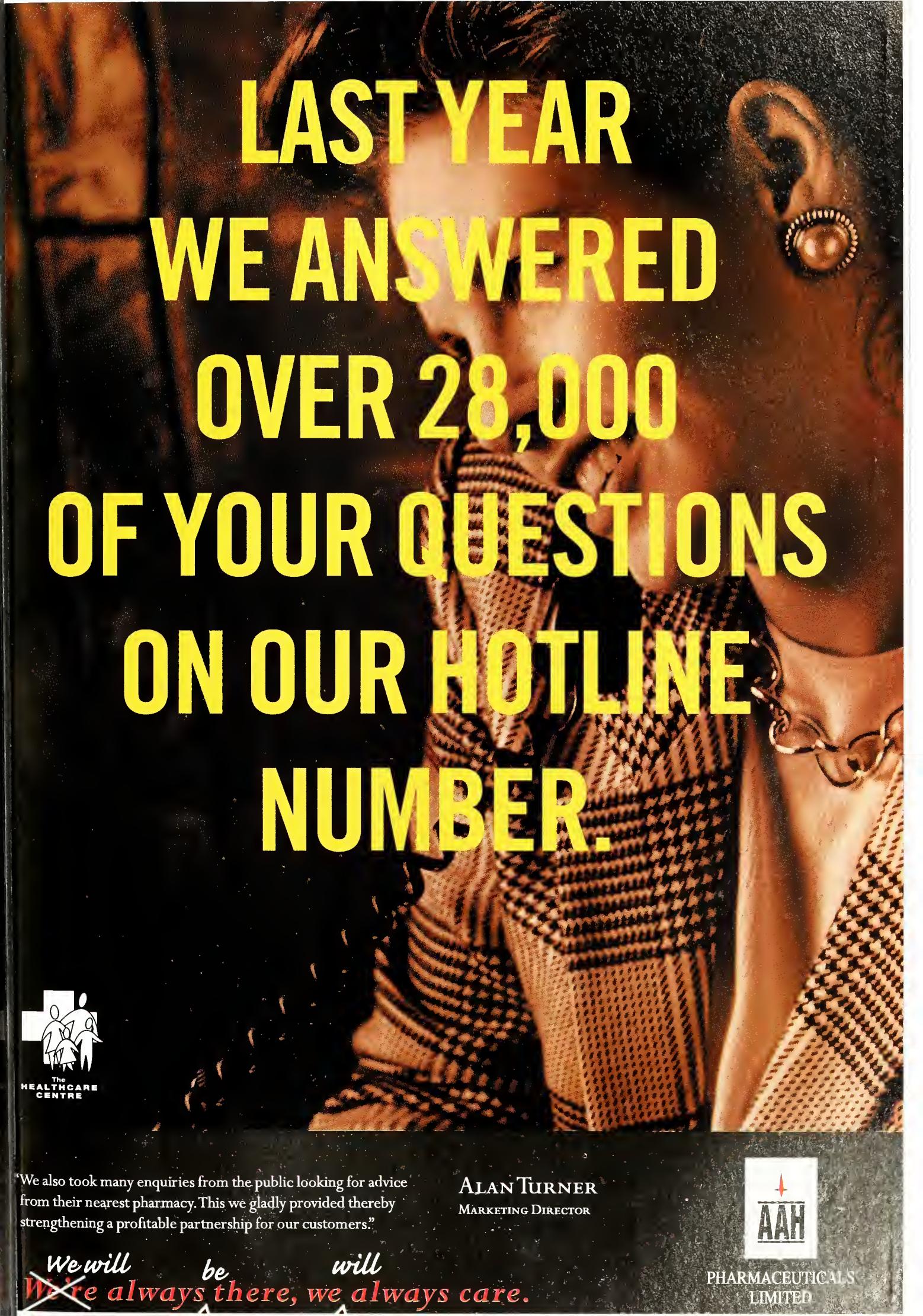
All three babymilks retain the same 450g and 900g pack weights and price points.

The range will be supported by a \$2 million marketing spend, including press advertising, direct mail, and sampling to new mothers for Milupa Forward follow-on milk.

New point of sale material and consumer literature is also available.

**Nutricia Ltd.**  
Tel: 01225 711511.





**LAST YEAR  
WE ANSWERED  
OVER 28,000  
OF YOUR QUESTIONS  
ON OUR HOTLINE  
NUMBER.**



"We also took many enquiries from the public looking for advice from their nearest pharmacy. This we gladly provided thereby strengthening a profitable partnership for our customers."

**ALAN TURNER  
MARKETING DIRECTOR**

*We will be will  
We're always there, we always care.*



PHARMACEUTICALS  
LIMITED

# Revlon's Charlie basks in the Sunshine

Charlie Sunshine is the latest addition to Revlon's Charlie fragrance.

Aimed at 16-25-year-olds, this is the fifth variant in the range to be launched in the UK.

It is a fresh, citrus floral fragrance, with top notes of bergamot, lemon, mandarin and pears. Middle notes are muguet, freesia, rose, peony and violet, with base notes of amber, sandalwood and musk.

The collection includes three sizes of eau de toilette, bodyspray and bodymist. Prices range from \$1.99 for 75ml bodyspray to \$11.95 for 50ml edt.

It is being advertised on buses across the UK throughout the summer, featuring the strapline



'Get up and feel the sunshine' and the new Charlie girl Karen Duffy.

A press campaign will break in the July/August issues of teen magazines. In addition, 250,000 scented Charlie

Sunshine postcards will be distributed to cinema goers. The launch is supported by special price promotions and point of sale material. **Revlon International.** Tel: 0171 629 7400.

## Lentheric's sweet smell of success

International Classic Brands has increased its fragrance portfolio with the acquisition of Lentheric under ten-year licence from Yardley.

Its fragrances include Fleur, Finesse, Just Musk, Joie de Vivre and

Tramp, which have been relaunched in the UK.

The company hopes the deal will give it a stronger presence in the mass market sector.

**International Classic Brands.**  
Tel: 0181 579 6060.

## Scorching sun campaign for Malibu

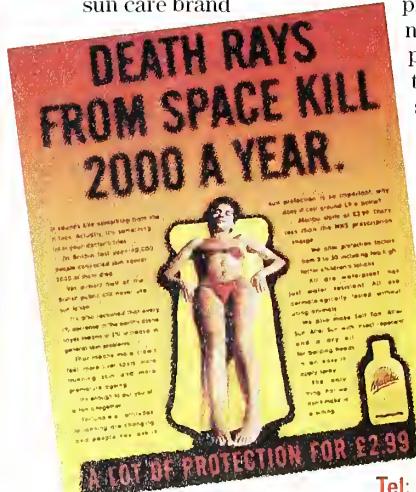
Malibu sun care is being backed by a new \$750,000 press campaign.

The advertising is aimed at changing consumer perceptions that paying more for a sun care brand

means that it is more effective.

The campaign highlights the adverse effects of over-exposure to the sun without the correct level of skin protection rather than majoring on the product benefits. The thought-provoking straplines include 'Mums in child burning ritual' and 'Death rays from space kill 2,000 a year'.

The idea is that this approach will encourage consumers to consider their sun care purchases more carefully. **Malibu Health Products Ltd.**  
Tel: 0181 579 6060.



## A breath of fresh hair from Clairol

Clairol Herbal Essences is a range of shampoos and conditioners which is new to the UK.

Bristol-Myers claims it is the fastest-growing shampoo and conditioner brand in the US, where it was launched two years ago.

Formulations blend pure mountain spring water with natural organic herbs and botanicals.

The four shampoo and conditioner variants are for normal hair, coloured/permmed/dry/damaged hair, fine hair, and normal to oily hair.

The products come in recycled packaging. To comply with new EC directives all ingredients are listed on-pack.

As an introductory offer, there is a saving of one-third off the normal retail price of \$1.99 for a 250ml pack.

The launch is being supported by a \$5 million TV, press and poster campaign.

In addition, over five million samples are being distributed as part of a \$2m consumer promotion.

**Bristol-Myers Co Ltd.**  
Tel: 01895 628000.

## Everything under the sun from Roc

A new Roc Sunsensitivity Pack is available to help pharmacists and pharmacy assistants to promote care in the sun, and advise customers on sun protection.

It includes guidelines for the primary healthcare team on skin health and the sun, photosensitivity disorders, sun sensitive skin and skin types.

It contains customer leaflets on sun sensitivity

which feature an attached health contact card for local pharmacy details. Also included is a sample of Roc Total Sunblock SPF 25.

The pack is available from: Roc Sunsensitivity Pack, TBP, Freepost - LON 513, Woodcock House, Gibbard Mews, High Street, Wimbledon Village, London SW19 5BY.

**Johnson & Johnson Ltd.**  
Tel: 01628 822222.

## Making hay while the sun shines

Johnson & Johnson MSD is setting out to attract holidaymakers into the pharmacy to buy summer healthcare products.

The company has launched its Summer 97 Business Incentive Scheme in partnership with community pharmacists.

Participating pharmacies will receive a support package designed to maximise summer healthcare sales. Under this scheme, pharmacists and pharmacy assistants can win prizes throughout the season.

**Johnson & Johnson MSD.**  
Tel: 01494 453660.

## Coping with that male grey matter

Colour 4 Men is a new semi-permanent hair colourant from Brodie & Stone.

Specifically developed to suit men's needs, it is formulated to cover grey and enhance natural hair colour for up to 21 washes.

It is available in four natural shades: Blonde to Light Brown, Medium Brown, Dark Brown and Black. Retail price is \$6.50 (one application).

The product comes with a detailed instruction leaflet and

disposable gloves.

**Brodie & Stone plc.**  
Tel: 0171 278 9597.



# Your answer to hayfever comes in a spray.



Contains Beclomethasone Dipropionate

- ✿ **Proven safety: No interaction with other drugs.**
- ✿ **Proven efficacy: Treats *and* prevents hayfever.**
- ✿ **Non-drowsy.**

**"Why perfuse the body with anti-histamines dissolved in the blood,  
when more effective topical remedies like Beconase Hayfever, which treat and  
prevent all hayfever symptoms, are available?"**

*Jeremy Clitherow, Board Member, National Pharmaceutical Association.*



**Presentation:** Aqueous Nasal Spray containing 50 micrograms beclomethasone dipropionate per spray. **Uses:** Prevention and treatment of seasonal rhinitis (hayfever). **Dosage and administration:** For intranasal use only. Two sprays into each nostril every morning and evening. For use in adults and children aged twelve years and over. Beconase Hayfever does not cause drowsiness. There are no known interactions with other medicines. **Contra-indications:** Hypersensitivity. **Precautions:** If hayfever symptoms have not improved after 10 days, consult the doctor. **Pregnancy and lactation:** Consult doctor before use. Side effects: Dryness and irritation of the nose and throat, unpleasant smell and taste, epistaxis. Hypersensitivity reactions have been reported rarely. Rare cases of raised intraocular pressure, glaucoma and nasal septal perforation have been reported. **Retail selling price:** Pack with 100 sprays - £5.39. Pack with 180 sprays - £7.99. Legal category P. Further information available on request from Allen & Hanburys Limited, Uxbridge, Middlesex UB111BT.

Product licence number 10949/0093. Product licence holder Glaxo Pharmaceuticals UK Ltd, Stockley Park, Uxbridge, Middlesex UB111BT

# Whitening mouthrinse for stain removal

Purity Laboratories is launching a whitening mouthrinse.

Beverly Hills Formula Natural White Mouthrinse is claimed to clean, and remove stains and film from teeth. It contains Triclosan to fight gum disease and fluoride to help protect teeth against decay.

A laboratory test for the product, undertaken in collaboration with Bristol University, has

shown that 90 per cent of stain removal (in this case tea) occurred in 120 seconds.

The product retails at \$3.29 for 500ml. **Purity Laboratories.** Tel: 0181 563 8887.



## Ups and downs

**Senokot laxative returns to TV with a commercial featuring a young man who takes a terrifying ride on a roller coaster to try to relieve his constipation. The campaign breaks on May 12 and runs for five weeks.**

**Reckitt & Colman Products.** Tel: 01482 326151.

## Best buys from AAH

**Best buys in AAH** Pharmaceuticals' monthly offers for May are Gillette shaving products and Huggies nappies. **AAH Pharmaceuticals Ltd.** Tel: 01928 717070.

## Golden memories

Polaroid celebrates 50 years of instant snaps with a 10 per cent price reduction on selected films until the end of July. **Polaroid (UK) Ltd.** Tel: 01582 632209.

## Dry run

Larger Boots' stores are now selling Dri-Guard, which has achieved 90 per cent levels of success with bedwetters. **London Enuresis Clinic.** Tel: 0171 371 8553.

## Care in the sun

Information about the new sun education programme to support the Johnson's Suncare range (C&D May 10, p12) is available from: **Food Brokers Ltd.** Tel: 01705 222500.

## More punch for sensitive Sensodyne

Stafford-Miller is backing its Sensodyne Gentle Mouthrinse with a \$1.4 million TV campaign.

Gentle giant boxer Frank Bruno stars in the commercial, which hits small screens this month.

The new mild mint mouthwash is suitable



for people with sensitive teeth and gums. It has a low-alcohol formula and contains the anti-plaque agent Triclosan to help fight gum disease. The retail price is \$2.49 for 250ml. **Stafford-Miller Ltd.** Tel: 01707 331001.

## Fuji Quicksnaps are child's play

Fujifilm has launched two new Quicksnap cameras aimed at children.

The new Hippo Snappa and Flash Cat (with flash) designs feature bright graphics, large, easy to use controls and

simple viewfinders.

Both models are pre-loaded with Fujicolor Super G Plus 400 film. Retail prices are \$4.99 for Hippo Snappa and \$7.99 for Flash Cat. **Fuji Photo Film (UK) Ltd.** Tel: 0171 586 5900.

## ON TV NEXT WEEK

**Advil:** C4, Satellite

**Aquafresh Whitening:** U

**Bazuka:** G, B, Y, TT

**Daktarin:** GTV, STV, B, G, Y, C, TT, C4, Satellite

**Garnier Belle Color:** All areas

**Garnier Nutralia shower gel:** All areas

**Head & Shoulders:** All areas

**Hedex:** U

**Ibuleve:** S, HTV, M, A, W, U, G

**Imodium:** All areas

**Listerine:** C, A, M, LWT, CAR, C4, Satellite

**L'Oréal Elvive Revitalising shampoo:** All areas

**Otex:** S, HTV, M, A, W, U, G

**Pantene:** All areas except GMTV

**Pepcid AC:** TT

**Predictor home pregnancy test:** C4, C5, Satellite

**Sensodyne toothpaste and mouthrinse:** All areas

**Solpadeine:** All areas except U

**Topedo:** C

**Wash & Go:** All areas

**Wella Experience:** C4

**GTV Grampian, B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

# HELP EX 97

## The International Health Product Exhibition

Sunday 15th June 1997 10am-5pm & Monday 16th June 1997 10am-4pm

### Telford International Centre



**Helfex promises to be one of the best attended and most exciting industry shows the UK has seen in years. There is something for everyone - from big brand names with new product launches and exclusive Helfex promotions, to first time international exhibitors introducing innovative new ranges.**

- Ⓐ Absolute Aromas Ⓜ Allergy Care Ⓜ AmeriFit
- Ⓐ Andutra Ⓜ Antica Erboristeria Ⓜ Aquaoleum
- Ⓐ Arkopharma Ⓜ Aromatherapy Trade Council
- Ⓐ Australian Bodycare Ⓜ Ayurved Consultancy
- Ⓐ Back to Nature Ⓜ Bee Health
- Ⓐ Beehive Botanicals Ⓜ Bestway Designs
- Ⓐ Bioconcepts Ⓜ Bioforce Ⓜ Bioserum
- Ⓐ Biotics Research Ⓜ Bodymatters Ⓜ Brewhurst
- Ⓐ Britannia Ⓜ Campbells Ⓜ Cannings Packaging
- Ⓐ Capitalcliff Ⓜ Carlson Laboratories
- Ⓐ Caurnic Soap Co Ⓜ Cedar Health
- Ⓐ Chemico Inc Ⓜ Chirali Old Remedies
- Ⓐ Chlorella Products Ⓜ Country Life
- Ⓐ Country Organics Ⓜ Cybergeneics Ⓜ Dabur
- Ⓐ Dieximport Ⓜ Dippon Label Co
- Ⓐ Dobson & Dixon Ⓜ Dove Marketing
- Ⓐ Doves Farm Ⓜ Dynamic Nutrition
- Ⓐ Earlstone & Wistbray Ⓜ Earthrise Ⓜ Efamol
- Ⓐ Eladiet Ⓜ English Grains Ⓜ Enzyme Process
- Ⓐ ESI Laboratories Ⓜ Eurochem
- Ⓐ Faith Products Ⓜ Ferrosan Ⓜ Fiddes Payne
- Ⓐ Finders International Ⓜ EMC International
- Ⓐ Future Shape Ⓜ Gardeners Books
- Ⓐ Gluten Free Ⓜ Goodness Foods Ⓜ Haldane
- Ⓐ Hampers Hampers Ⓜ Heath & Heather
- Ⓐ Health & Diet Ⓜ Health Imports
- Ⓐ Health Perception Ⓜ Health Stores Partnership
- Ⓐ Healthcare Ltd Ⓜ Healthilife
- Ⓐ Healthy Sales & Marketing Ⓜ Henkel
- Ⓐ Herbamed Ⓜ John Heron Ltd
- Ⓐ Higher Nature Ⓜ Iceherbs/Blue Lagoon

### WHY TELFORD

*Don't just take our word for it...*

*"For me, Helfex is primarily a source of information: An opportunity to find out about new products from many different countries, and to update myself with what's happening in our industry. We are particularly interested in the health supplements market, especially vitamins. We are looking forward to the improved facilities at Telford, which will make our trip more enjoyable".*

**Jay Patel, Fields Pharmacy, Borehamwood**

*"For us Helfex is about putting a face to a name. It helps you to build a relationship with an individual rather than a faceless company. We find it a huge benefit to run in-store promotions in our shops, and these are best negotiated with someone you know personally. It's a good chance to see the new products and meet up with old friends - and pick up deals of course. We'll be going for two days, one to look around and generally socialise, and one to do business".*

**Marion Allen, Health Matters, Bromley**

*"It will be good for us to meet old and new customers face-to-face and hear their views about the industry and our aloe vera range. The opportunity to talk to retailers helps us move forward and we have more time to explain our approach to business. We hope retailers will support the Telford show with all its new initiatives".*

**Steve Quinn, Marketing Director, ESI Laboratories**

*"Efamol regard Helfex as an important venue which enables us to keep retailers up to speed with details on the latest new products in the company range. We can show our new livery and advertising campaigns to support products in the market place".*

**Mike Dixon, Sales Director, Efamol**

*"The two words most commonly used about this June Helfex are 'excitement' and 'innovation'. Telford means lots of new ideas, opportunities to learn about new products, new techniques, and to compare notes with colleagues in the industry. Participation is the key - come to Telford either for the day or make a weekend of it".*

*"It is so well timed - latest research shows the health product market storming ahead, and interest in health products has never been higher. We have the broadest spectrum of exhibitors ever from the UK, States, Europe, Middle and Far East. Speakers are also coming from all corners of the planet - including Brussels! Look out for the excellent Seminar on EU legislation and update yourself on upcoming issues affecting our industry. Apart from anything else, it's going to be fun. It's your show - be part of it!"*

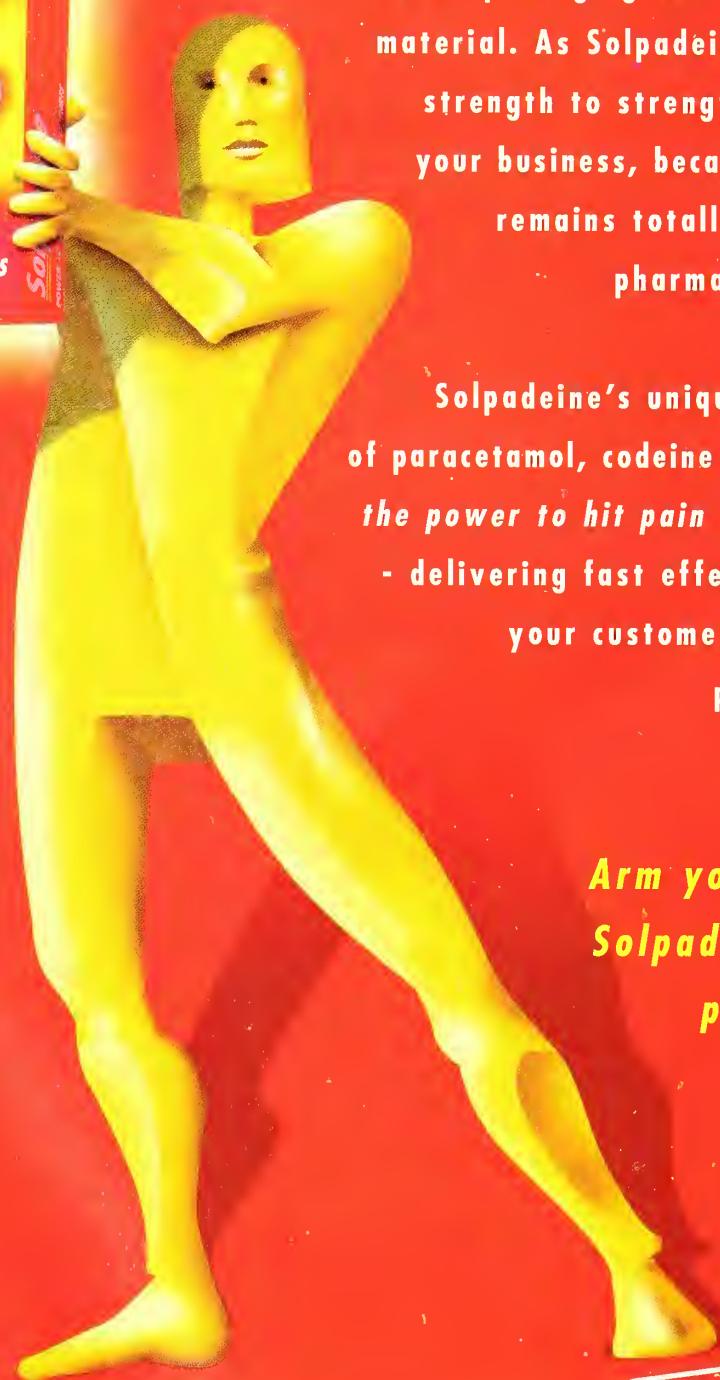
**Anthony Bush, Managing Director, Ferrosan and Chairman, HFMA**

For further information please contact Helfex 97

63 Hampton Court Way • Thames Ditton • Surrey KT7 0LT • Telephone: +44(0) 181 398 9520 • Facsimile: +44(0) 181 398 6906



**Unleash the  
power of  
pharmacy's  
No. 1  
analgesic'**



Watch out during May for the exciting new relaunch with £4.5m support featuring TV, new packaging and extensive POS material. As Solpadeine grows from strength to strength, so too will your business, because Solpadeine remains totally dedicated to pharmacy-only sales.

Solpadeine's unique combination of paracetamol, codeine & caffeine has the power to hit pain where it hurts - delivering fast effective relief to your customers and healthy profits to you.

*Arm yourself with  
Solpadeine and be  
prepared for  
the blitz*



**Solpadeine Capsules, Solpadeine Soluble Tablets, Solpadeine Tablets Product Information**

**Presentation:** Each tablet, soluble tablet or capsule contains Paracetamol Ph Eur 500 mg, Codeine Phosphate Ph Eur 8 mg and Caffeine Ph Eur 30 mg. **Uses:** Rheumatic pain, sciatica and lumbago, period pain, toothache, neuralgia, migraine, headache, sinusitis and influenza.

**Dosage and administration:** Adults and children 12 and over: Two capsules/tablets up to four times daily. **Contraindications, warnings, etc.** **Contraindications:** Hypersensitivity, conditions contraindicating opioids. **Precautions:** Severe renal or hepatic impairment, non-cirrhotic

alcoholic liver disease, conditions exacerbated by opioids, prostatic hypertrophy and inflammatory or obstructive bowel disorders. Solpadeine soluble: tablet contains 427 mg of sodium; caution with salt restricted diet. **Interactions:** Metoclopramide, domperidone, cholestyramine, coumarins (prolonged regular daily use of paracetamol only), monoamine-oxidase inhibitors, CNS depressants (including alcohol). **Use in pregnancy and lactation:** There is inadequate evidence for the safety of codeine in human pregnancy. Not contraindicated in breast feeding. **Effects on ability to drive and use machines:** Patients should not drive or operate machinery if affected by drowsiness. **Adverse reactions:** Paracetamol: Hypersensitivity including skin rash, reports of blood dyscrasias (not necessarily causally related). Codeine: constipation, nausea, vomiting, dizziness, light-headedness, confusion, drowsiness and urinary retention. Tolerance and dependency can occur, especially with prolonged high doses of codeine. High doses of caffeine may produce headache, tremor, nervousness and irritability. **Overdose:** Liver damage is possible in adults, immediate medical referral is necessary.

**Legal Category:** PCD. **Retail price:** 12 capsules £1.90, 24 capsules £3.29, 72 capsules £6.75, 12 soluble £2.15, 24 soluble £3.55, 60 soluble £6.45, 12 tablets £1.90, 24 tablets £3.29, 60 tablets £6.15. **Product licence No:** Capsules: PL0071/0186, Soluble tablets: PL0071/5091, Tablets: PL0071/0396. Further information is available from the product licence holder SmithKline Beecham Consumer Healthcare, Brentford TW8 9BD, U.K. **Date of preparation:** March 1997. Solpadeine is a registered trade mark.

# PHARMACYupdate

## Disability aids from the pharmacy

Pharmacists can enhance their services to physically disabled customers and gain professional satisfaction at the same time /

## Benign prostatic hyperplasia

A look at the pathophysiology and management of a condition that affects a third of men over 50 VI



# Disabled living



**There is a large and confusing array of equipment to help disabled people in their daily lives.**

**Charles Butler, community pharmacist and CPP governor, explains how pharmacists can gain professional satisfaction by helping those who are physically disabled**

The Pharmaceutical Care Report in 1992 suggested each area should contain a pharmacy which offered a full service for the physically disabled and that all pharmacies should stock a limited range of frequently requested items.

### The potential client

There is no stereotypical client. Although the disabled are mainly elderly, there are many younger people with congenital conditions, others who have suffered trauma or have a progressive debilitating disease.

Most disabilities are long-term, but the needs of those undergoing rehabilitation after injury or surgery should be considered. One factor in common is that the simplest of tasks often demands superhuman effort and can take much longer to achieve.

Most successful retail-based living aids businesses will require a core of elderly people in their locality, especially when starting up.



### Pharmacy service

In addition to the client and pharmacist, others gain from

having a local community-based service of this nature.

#### 1 Advantages for client

- choice of supplier
- choice of 'preferred' equipment as an alternative to the 'official' one
- local, personal service
- flexible service, tailored to individual circumstances
- speed of availability
- pharmacy already used for other services.

#### 2 Advantages for the pharmacy

- strengthens healthcare image
- extension of existing services
- involvement with other professions
- niche market
- expanding client base
- stable margins to boost practice income.

#### 3 Advantages for the NHS

- encourages shift to primary care
- locality development
- speed of availability
- produces health gain
- providers already of a known quality
- reduced funding requirements
- strengthens team-working.

#### 4 Advantages for the health authority

- reduces dependency on Social Service departments
- avoids disputes with HA over division of responsibility
- reduced funding requirements
- speed of availability
- encourages networking with a community healthcare provider
- trusted supplier.

*Continued on P11 ▶*

#### Box 1: disability aids market

- £50 million annually is spent in the UK on daily living and mobility aids, excluding wheelchairs
- 15 per cent of the population is over 65
- more than 4 per cent of the population will be over 80 by 2001
- 71 per cent of the over-60s have at least one long-term illness

### Box 2: client base in an average pharmacy

- 750 elderly people
- 20 suffering from cancer, four receiving terminal care
- 600 carers, 200 of whom visit the pharmacy more than once a week
- several hundred people with a disability, many having difficulty managing their medication
- one with cystic fibrosis
- 150 asthmatics
- 50 diabetics
- 15 people discharged from hospital within the previous week

### Box 3: 'Top Ten' stock lines involving minimal investment

- walking sticks, assorted styles
- ferrules, assorted sizes/styles
- two-handled cup
- 'medidose' container
- tablet crusher
- male urinal
- bedpan
- ring cushion
- long-handled grabber ('easy-reach')
- cutlery incorporating 'built up' handles

◀ *Continued from PI*

### 5 Advantages for others

- local contact point for charities/self-help groups
- easy involvement in the selection of equipment by family/carers
- increased choice
- speed of availability
- cuts across 'red-tape'.

### Defining of disability

Disability is a relative term and it is important to consider the word in relation to the degree of disability. This will range on a scale from slight to very severe. The point at which an individual is assessed on this scale will affect the availability of state help, as will local policies and funding. Assessment of need

### Box 4: assessment and the role of occupational therapists

- employed by Social Services or by the health authority
- carry out assessment at client's home
- consider work and leisure requirements
- 'prescribe' and sometimes supply equipment
- refer on to specialist suppliers
- teach new or adapted skills to client
- arrange/suggest home adaptations

by Social Services and by HAs relies heavily on deciding the degree of disability.

Many clients will experience more than one disability, possibly each with a different degree of severity. It is the combined effect which has to be considered.

Many of the common conditions causing disability are progressive, some have periods of remission and others become less severe. The degree of disability will require regular re-assessment to ensure appropriate help is always made available.



### Types of disability

#### Difficulties

experienced in everyday living will vary with the degree of disability, the type or types of disability and the level of help available.

The aim of any disabled living service must be to reduce a client's reliance upon other people to the minimum. An understanding of the origins and effects of disablement is crucial to the provision of good care.

The main physical disabilities are:

- **continence** double/single, day/night
- **personal care** washing, dressing, grooming, eating
- **mobility** getting up/down, walking, standing
- **reaching/stretching** restricted arm, shoulder and back movements
- **dexterity** hand movement, picking up, turning, grip strength.

### Causes of disability

The disabled should not be 'classified' against a list of medical conditions or episodes. Instead, detailed consideration should be given to the degree of disability and to the problems encountered by the individual in relation to the disability.

It is necessary to be aware of and to take into account the personal circumstances of a client as an individual.

The pharmacist and staff should understand the major causes of disability, and the relationship of age to its prevalence should be appreciated. The common causes of disability are:

- ischaemic heart disease, which causes mobility problems from a swelling of feet and ankles, and the onset of breathlessness
- cerebro-vascular accident (stroke) often results in dysphasia (communication problems), hemiplegia (weakness/paralysis) and

sensory problems (lack of feeling)

- atherosclerosis (peripheral vascular disease) can cause ulceration, especially on the shins and around the ankles. Reduced mobility occurs early on due to pain in the lower limbs from poor circulation
- osteoporosis, occurring especially in postmenopausal women, leads to mobility problems associated with back pain. Risk of falling and of broken bones is increased which could increase the degree of disability
- osteoarthritis, in which joint cartilage becomes worn, mainly affects hip, knee and spine, and gives rise to mobility problems. Walking gets difficult and getting in or out of a bath is dangerous.

Involvement of wrist, hand and arm will reduce dexterity and may make personal hygiene difficult and cooking hazardous

- rheumatoid arthritis, with onset most frequently occurring in the under-50s, affects three times more women than men. It is progressive and in the early stages usually shows as early morning stiffness, resulting in difficulties in dressing. As the disease progresses, walking and mobility are affected, together with dexterity, reaching and stretching
- multiple sclerosis, a progressive disease, produces fatigue, spasticity and weakness of the muscles, initially of one or more limbs. Sometimes there is tremor and impaired sensory perception. Mobility progressively deteriorates and incontinence may occur
- Parkinson's disease, in which muscles become rigid and tremor occurs, results in problems associated with personal care and dexterity
- trauma arising from accident can lead to paraplegia or tetraplegia, with

double incontinence. Physiotherapy brings the patient to a position of physical stability and relative independence. With a wheelchair, mobility is possible, especially for the paraplegic, but avoidance of pressure sores is necessary

- carcinoma can produce a variety of disablement, either due to the type of cancer or as the disease progresses
- surgical procedures, although not generally resulting in long-term disablement, may give rise to a temporary need for mobility aids, special mattresses for sleeping or toilet aids.



### Choice of aids

AAH and Unichem both stock a comprehensive range of aids for disabled living. They produce illustrated catalogues. Helplines are operated by both and suggested 'starter packs' are available.

Additionally, there are specialist wholesale suppliers and the manufacturers of wheelchairs, beds and orthopaedic chairs have distributors in different parts of the country.

It is better to start in a small way, perhaps by adding walking sticks and long-handled 'grabbers' to lines already stocked.

However, it is a mistake to think that selling a walking stick is a simple task. It is not. The stick has to be the correct length, with the stick being cut to size if necessary!

Confidence quickly builds with training and experience, so that further experiments with stock become possible.

### Specialist stocks

A pharmacist contemplating becoming a specialist in this field needs to be fully

◀ *Continued on PIV* ▶

### Box 5: starting and developing a living aids service

Assessing the needs within the pharmacy's catchment area is important. A fully comprehensive service is only possible in a very limited number of pharmacies.

The following should be considered when developing a service:

- pharmacy location/customer profile
- access to premises by disabled
- pharmacy size: 20-25 per cent of floor space needed in an average pharmacy for an in-depth service, otherwise a discreet corner
- decide a budget
- advice on product selection
- pharmacist training (CPPE, for example – distance learning package)
- staff training
- make local contacts
- identify local policies and eligibility criteria
- build a library of information
- NPA/Customs & Excise advice on VAT exempt supplies
- marketing plan/advertising

**ZOMIG®**

Consult Summary of Product Characteristics before prescribing, special reporting to the CSM required.

**Use** Acute treatment of migraine with or without aura.

**Presentation** Tablets containing 2.5mg of zolmitriptan.

**Dosage and Administration** The recommended dose of 'Zomig' to treat migraine attack is 2.5mg.

If symptoms persist or return within 4 hours, a second dose has been shown to be effective. If a second dose is required, it should not be taken within 4 hours of the initial dose.

If satisfactory relief is not achieved, subsequent attacks can be treated with 2.5mg doses.

In patients who respond, significant efficacy is apparent within 1 hour of dosing.

In the event of recurrent attacks, it is recommended that the total intake of 'Zomig' in a 24 hour period should not exceed 15mg.

'Zomig' is not indicated for prophylaxis of migraine.

The safety and efficacy of 'Zomig' in paediatrics, adults over the age of 65 and patients with hepatic impairment have yet to be established.

**Contra-indications** Hypersensitivity to any component of 'Zomig' and uncontrolled hypertension.

**Precautions** A clear diagnosis of migraine must be established. Care should be taken to exclude other potentially serious neurological conditions. No data in hemiplegic or basilar migraine.

'Zomig' should not be given to patients with Wolff-Parkinson-White syndrome or arrhythmias associated with other cardiac accessory conduction pathways.

'Zomig' is not recommended in patients with ischaemic heart disease. In patients in whom unrecognised coronary artery disease is likely, cardiovascular evaluation prior to commencement of treatment is recommended.

As with other 5HT<sub>1</sub> agonists, atypical sensations over the precordium have been reported after administration of 'Zomig' but in clinical trials these have not been associated with arrhythmias or ischaemic changes on ECG. 'Zomig' may cause mild transient increases in blood pressure.

Patients should leave at least 6 hours between taking an ergotamine preparation and starting 'Zomig' and vice versa. Concomitant administration of other 5HT<sub>1</sub> agonists within 12 hours of 'Zomig' treatment should be avoided. A maximum intake of 7.5mg of 'Zomig' in 4 hours is recommended in patients taking a MAO-A inhibitor. Caution in pregnancy and breast-feeding. Use is unlikely to result in an impairment of the ability to drive or operate machinery. However, somnolence may occur.

**Undesirable Effects** Nausea, dizziness, somnolence, warm sensation, asthenia and dry mouth have been the most commonly reported.

Abnormalities or disturbances of sensation have been reported, heaviness, tightness or pressure may occur in the throat, neck, limbs and chest (no evidence of ischaemic ECG changes), as may myalgia, muscle weakness, paraesthesia, paresthesia.

**Legal Category** POM.

**Product Licence Number** 12619/0116.  
**Basic NHS Cost** 3 tablet pack (2.5mg) £12.00, 6 tablet pack (2.5mg) with wallet £24.00.

'Zomig' is a trademark of the Zeneca group of companies.

Further information is available from: ZENECA Pharma, King's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ.

7/7590/K Issued March 1999

# THE NEW FALL



'Zomig' is a

offering rapid migraine relief and

consistent efficacy, time after

time after time...

# Zomig®

IT'S  
TIME

ZENECA



Although the disabled are mainly elderly, there is no stereotypical client

◀ **Continued from PII**

committed to the service, to have researched his locality and to have undertaken thorough training. The actual stock inventory will depend on local circumstances and the major suppliers will assist in product selection.

Much careful thought and planning is needed before making a stock investment which initially will be in the region of £1,000, but could rise to £3,000 once a range of wheelchairs or commodes is taken in.

The list below indicates some of the items which may be stocked until experience has been gained:

- **continence aids** – pads and pants, drainage equipment, odour control
- **personal care** – long-handled brushes, shower hose, bath/shower seats, grab rails, raised toilet seats, toilet frames, tap turners, commodes
- **mobility** – wheeled walkers, walking frames, wheelchairs (self-propelled and 'attendant'; powered scooters), wheelchair accessories, transfer boards, ramps
- **dressing and grooming aids** – sock/stocking puller, easi-fit slippers, zip puller,

elasticated laces, long-handled shoe horn

- **sleeping** – waterproof sheeting, fleece, bed/chair leg raisers (extenders), cot sides, back rests, cradles, bed boards, mattresses
- **sitting** – cushions and risers, back and lumbar supports, high seat/high back chairs, footstools, riser chairs
- **cooking and dining** – tin/jar openers, peelers and graters, utensils, cooker guards, cutlery and crockery, teapot/kettle stands, easy-grip plugs, non-slip surfaces, adjustable height table.



### Assessment of needs

Frequently an individual will decide to buy a living aid after seeing an advertisement or after a remark by a relative.

In these circumstances, no formal assessment of need will have been performed. The pharmacy staff must ensure that any aid purchased is appropriate to the personal circumstances of the client.

Assessment is a task for trained professionals, usually occupational therapists (OTs), although experienced and trained pharmacists can assist.

Physiotherapists and practice or community nurses

are often involved in initial assessments and suggestions as part of their care plans. They may make direct referrals to the pharmacy.

### Who pays?

Assessments by OTs can result in the supply of equipment free of charge to a client. Social Service departments may seek a financial contribution or may issue a redeemable voucher to cover part of the cost.

The split of responsibility between health and social care is determined according to local policy, with eligibility for the supply of equipment to an individual being decided against set criteria. As a rule, if a piece of equipment is required to support the client's health needs, the HA is responsible. If the equipment is to provide greater domestic independence, then Social Services is responsible. Inevitably there are grey areas.

Referral to the pharmacy stockist by OTs for a private supply or for voucher redemption is increasing.

Often, clients become disillusioned by 'red tape' and opt to come straight to the pharmacy.

### TELFAST 120 ABBREVIATED PRESCRIBING INFORMATION

**Presentations:** Film coated peach coloured tablets containing fexofenadine base equivalent to 120mg of fexofenadine hydrochloride. **Indication:** Relief of symptoms associated with seasonal allergic rhinitis. **Dosage and Administration:** The recommended dose of fexofenadine hydrochloride for adults and children aged 12 years and over is 120mg once daily. The efficacy and safety of fexofenadine hydrochloride has not been studied in children under 12 years. Studies in special risk groups (elderly, renally or hepatically impaired patients) indicate that it is not necessary to adjust the dose of fexofenadine hydrochloride in these patients. **Contra-indications:** Known hypersensitivity to any of the product ingredients. **Precautions:** special precautions in the elderly, renally impaired or hepatically impaired patients. **Side effects:** In controlled clinical trials the incidence of commonly reported adverse events observed with fexofenadine was similar to that observed with placebo. These adverse effects were headache (9.3%), drowsiness (2.4%), nausea (1.4%) and fatigue (1.2%). **Pregnancy & Lactation:** There is no experience with fexofenadine hydrochloride in pregnant women. Therefore, Telfast is not recommended in pregnant women or for mothers breast feeding their babies. **Legal Category:** POM. **Package Quantities:** Pack of 30 tablets. **Product Licence Number:** PL 4425/0157 NHS POM. **Price:** £7.40 **Product Licence Holder:** Marion Merrell Dow, Broadwater Park, Denham, Uxbridge, Middlesex UB9 5SH. Further information including a full Summary of Product Characteristics is available from Hoechst Marion Roussel Ltd at the above address. TELFAST is a registered trademark. **Date of preparation:** January 1997

### TRILUDAN/TRILUDAN FORTE/TRILUDAN SUSPENSION ABRIDGED PRESCRIBING INFORMATION

**Presentations:** Triludan Tablets: Each tablet contains 60mg terfenadine. Triludan Forte Tablets: Each tablet contains 120mg terfenadine. Triludan Suspension: Sugar free suspension contains 30mg terfenadine per 5ml. **Uses:** Antihistamine indicated symptomatic relief of hay fever, allergic rhinitis and allergic conjunctivitis. **Dosage and administration:** Adults and children over 6 years: As a single or twice daily doses. Allergic skin condition: 120mg daily. Hayfever, allergic rhinitis: Starting dose 60mg daily; increase to 120mg daily if required. Children: Allergic skin condition: hayfever, allergic rhinitis: 6-12 years: 30mg twice daily; 3-6 years: 15mg twice daily. Do not exceed the maximum recommended dose. **Contra-indications, warnings etc. Contra-indications:** Concomitant use with azole antifungals or macrolide antibiotics. Use in patients with significant hepatic dysfunction. Known hypersensitivity to terfenadine or any of the ingredients of the formulation. **Warnings:** QT prolongation and/or ventricular arrhythmias, including torsades de pointes have been reported at doses higher than those recommended and at normal doses in patients whose terfenadine metabolism is impaired by drugs or disease (see Contra-indications). If syncope occurs, terfenadine should be discontinued and the patient evaluated for potential arrhythmias. **Precautions:** Terfenadine is not recommended in patients with electrolyte imbalance or prolonged QT interval are known or suspected. Concomitant use of terfenadine is not recommended in patients receiving potentially arrhythmogenic drugs and those producing electrolyte imbalance: aztemizole. Although evidence is lacking, the arrhythmia might be increased (see Warnings). **Pregnancy factor:** Like most medicines, terfenadine should not be used during pregnancy or lactation unless, in the opinion of the physician, potential benefits outweigh any potential risks. (See full data sheet). **Side effects:** In controlled clinical studies the incidence of adverse reactions in patients receiving terfenadine was similar to that reported in patients receiving placebo. These adverse reactions include drowsiness, headache, gastrointestinal distress, fatigue, dizziness, mouth and skin eruption or itching (including rash and urticaria). Side effects that have been reported spontaneously during marketed terfenadine include: anaphylaxis, angioedema, arrhythmia, bradycardia, bronchospasm, confusion, depression, erythema multiforme, galactorrhoea, hair loss or thinning, insomnia, jaundice, dysfunction (including transaminase elevations) and rare cases of hepatitis, menstrual disorders (including dysmenorrhoea), musculoskeletal symptoms, nightmares, palpitations, paraesthesia, photosensitivity, prolonged QT interval, seizures, sweating, syncope (see Warnings), thrombocytopenia, tremor, urinary frequency, ventricular tachyarrhythmias, (ventricular tachycardia, ventricular fibrillation and torsades de pointes) and visual disturbances. In objective tests Triludan has been shown to be free from central nervous system side effects. Reports of drowsiness are extremely rare but it is advised to check the individual response before driving or performing complicated tasks. **Drug interactions:** There are recognised interactions with drugs which are potential inhibitors of hepatic metabolism (Warnings). Use with azole antifungals or macrolide antibiotics is contraindicated. Pharmacokinetic data indicate that most macrolides inhibit the metabolism of terfenadine. Two studies reported no interaction between terfenadine and azithromycin at the doses studied. However, because of the chemical similarity of azithromycin to macrolides, concomitant use is not recommended. Concurrent use with drugs with arrhythmogenic potential or those causing electrolyte imbalance is not recommended (see full data sheet). Terfenadine should not be taken with grapefruit juice because its metabolism is inhibited. **Pharmaceutical Precautions:** None. **Legal Category:** POM. **Package Quantities:** Triludan Tablets: Packs of 60 to 100. Triludan Forte Tablets: Packs of 30 tablets. Triludan Suspension: 200ml. **Further information including Product Data Sheet:** is available from: Hoechst Marion Roussel Ltd, Broadwater Park, Denham, Uxbridge, Middlesex UB9 5SH. Marion, Merrell and Triludan are registered trademarks. **Date of preparation:** January 1997

**References:** 1. Data on file, 1B. 2. Data on file, 2B.

**Hoechst Marion Roussel**

## PHARMACYupdate: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. **C&D's** readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the June 14 issue, which will cover this week's CPP-accredited module,

together with those in the May 3 issue.

In other words:

- Allergic rhinitis (51)
- Skin melanoma (52)
- Snoring (53).

A faxback service for these

modules and associated MCQs operates on 0891 444791 (premium rates apply). An automated telephone marking service offers independent verification of results – details of how to operate this service are given on the monthly MCQ papers.

# THE IMPOSSIBLE CAN HAPPEN

We've improved on Triludan® (terfenadine)



**NEW**  
**Telfast**<sup>120</sup>  
fexofenadine 120mg o.d.

a new antihistamine you can believe in  
from the makers of Triludan

Now available on  
prescription, Telfast 120  
offers added confidence to  
you and your patients as it can  
be co-prescribed with  
erythromycin and ketoconazole.<sup>1,2</sup>

# Protesting prostate

**Benign prostatic hyperplasia affects about a third of men over 50, yet many dismiss it as a normal part of ageing. Professor Richard Simpson, a GP and a member of the steering committee for The Prostate Forum, reviews the condition and its management**

Until the 1990s, levels of awareness of benign prostatic hyperplasia among the public and health professionals were low. Men generally put up with deteriorating micturition as a normal consequence of ageing and their GPs reinforced this misconception rather than referring them for full investigation. Yet there has been a slow but steady growth in the number of prostatectomies for benign prostatic enlargement reaching 40,000 in the UK by 1990.

However, the introduction of alpha-blockers and finasteride have increased quality of life and provided a new impetus to research and development. This was given a further boost by the Department of Health, which advocated new interest in men's health on a par with the major initiatives for women.

## Prostate function

The prostate gland is located just below the bladder and surrounds the part of the urethra passing through it. Its function is to secrete an alkaline fluid which forms part of the seminal fluid.

The prostate enlarges with age, but this is not a problem in itself. However, when it grows, it starts to squeeze on the urethra passing through it and obstructs the bladder. This then leads to the obstructive and irritative symptoms of BPH.

## Epidemiology

The name of the condition changed from benign



Many men dismiss prostate problems as a normal part of ageing

prostatic hypertrophy to benign prostatic hyperplasia and now is associated with a variety of terms reflecting more appropriately the underlying problems.

The main feature of BPH is benign prostatic enlargement, which is regarded as normal a part of ageing as grey hair or wrinkles. It is not a disease and may be completely free from symptoms or complications. However, there is no doubt that benign prostatic hyperplasia adversely affects the quality of life of many men. The Stirling BPH study has shown that as many as 250,000 men of working age suffer from at least one symptom most or all of the time.

Benign prostatic enlargement is rare in men under 30 years and uncommon below 40. Studies on small numbers of men by Wattanabe in Japan and Jensen in Denmark confirmed

enlargement in about one in four men over 50. However, our own study in Stirling, Scotland, and the Mayo clinic study in the US, together with necropsy studies have conclusively shown that enlargement is almost universal for men aged 70 and over, the enlargement beginning in some men in their 40s, the incidence doubling with each decade.



## Symptoms

Lower urinary tract symptoms refers to the cluster of symptoms sometimes classified as 'obstructive' and 'irritative' symptoms, the latter indicating instability of the bladder muscle.

**Obstructive symptoms:** hesitancy (in the initiation of micturition); weak force of stream; stopping and restarting or interruption; terminal dribbling.

**Irritative symptoms:** nocturia;



## THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 54), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* JUNE 14, PROVIDES 1 HOUR OF CONTINUING EDUCATION

## OBJECTIVES

- To be familiar with the function of the prostate
- To recognise the obstructive and irritative symptoms of BPH
- To be aware of the screening and investigation methods used
- To counsel on normal patterns of urinary function and refer where appropriate
- To be familiar with current management options

frequency; urgency; dysuria; incomplete voiding (sensation).

**Complications:** obstruction can lead to recurrent urinary tract infection, pyelonephritis or chronic urinary retention, dilatation and hydronephrosis. A quarter of cases of acute renal failure have been reported as being due to prostatic disease. Chronic renal failure can also occur.

More serious presentations which require a urological referral often leading to transurethral resection of the prostate are recurrent urinary tract infection; bleeding from the prostate; acute retention; and chronic retention.



## Screening

The absence of any clear relationship between benign prostatic enlargement, lower urinary tract symptoms and poor urinary flow has made a diagnosis of BPH difficult.

Men may present with lower urinary tract symptoms or simply be aware of the urinary flow being slower than in earlier years.

*Continued on PVIII* ▶

# PSORIASIS movers



Doctors like Dovonex.

As Ointment or Cream,  
the most prescribed psoriasis treatment in the UK.<sup>1</sup>

Patients like Dovonex. Clean and easy to use,  
it's not linked to the long-term fears of potent topical corticosteroids.  
You'll like the way they keep coming back for more.

Prescribing information for Dovonex Cream/Dovonex Ointment and Dovonex Scalp Solution. Presentation: Dovonex Cream contains 50 micrograms calcipotriol per g (as trihydrate). Dovonex Ointment contains 50 micrograms calcipotriol per g. Dovonex Scalp Solution contains 50 micrograms calcipotriol per ml. Indications: Cream/Ointment: Treatment of moderate plaque psoriasis affecting up to 20% of skin area. Scalp Solution: Topical treatment of scalp psoriasis. Dosage and Administration: Apply twice daily to the treated areas. Maximum weekly dose should not exceed 100g of Cream or Ointment or 60ml Scalp Solution. Not recommended in children or pregnancy as there is no experience of use. When Dovonex Scalp Solution is used together with Dovonex Cream or Ointment, the total dose of calcipotriol should not exceed 5mg in any week, e.g. 60ml Scalp Solution plus one 30g tube of Cream or Ointment or 30ml Scalp Solution plus 60g (two 30g tubes) of Cream or Ointment. Contra-indications: Patients with known calcium metabolism disorders. Hypersensitivity to any constituents. Precautions: Should not be used on the face. Wash hands after application. Avoid inadvertent transfer to

other body areas, especially the face. Hypercalcaemia has been reported in generalised psoriasis and erythrodermic exfoliative psoriasis. Use no more than maximum weekly dose since hypercalcaemia which rapidly reverses on cessation of treatment may occur. Drug Interactions: No interaction between calcipotriol and UV light. No experience of concomitant therapy with other oncopotriol products applied to the same area. Side Effects: Cream/Ointment: Transient local irritation and facial or perioral dermatitis may occur. Other local reactions may occur. Reactions reported with Dovonex Ointment include dermatitis, pruritus, erythema, aggravation of psoriasis, photosensitivity and rarely hypercalcaemia or hypercalciuria. Scalp Solution as above. In addition local irritation of the scalp or face may occur. Use during pregnancy and lactation: Safety for use during human pregnancy has not yet been established although studies in experimental animals have not shown teratogenic effects. Avoid use in pregnancy unless there is no safer alternative. It is not known whether calcipotriol is excreted in breast milk. Overdose: Hypercalcaemia may occur in patients with plaque psoriasis who use



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## ACTION PLAN

- 1 For your male patients, make a note of the next ten prescriptions written for alpha-blockers. Establish which prescriptions are for BPH and which are for other conditions, such as hypertension.
- 2 Note the age of the next ten patients presenting with prescriptions for BPH. Can you see a pattern?
- 3 How many of your patients with BPH have had surgery? How many have had a second operation?
- 4 Set up a monitoring protocol for BPH. How can you implement this in your pharmacy?

### Continued from PVI

One of the most common routes to presentation is increasing nocturia which causes disturbance to the sleep of a partner leading to the patient being 'sent' to the doctor.

At present, there is a consensus that population-based screening is not appropriate. However, opportunistic detection in primary care well-man clinics is becoming increasingly prevalent. Simple diagnostic questionnaires, such as the International Prostate Symptom Score (referring to enlargement, urinary flow, and the patient's perception of his condition), have made screening and diagnosis easier.

The extended role of community pharmacists is likely to include counselling in what constitutes normal patterns of urinary function with ageing.

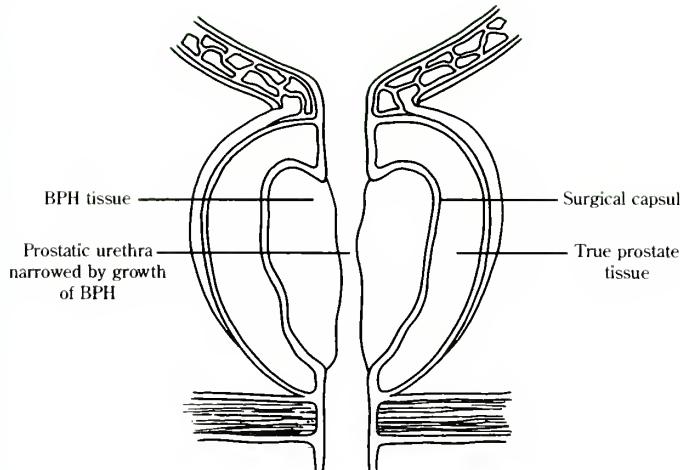
Patient leaflets displayed in the pharmacy also help patients screen themselves. These usually include three simple questions.

- Do you get up at night to pass urine (more than occasionally)?
- Is your urine flow slow?
- Are you bothered by your bladder function?

## Investigations

Investigation of BPH has improved greatly: in 1995 more than 60 per cent of urology departments had established specific prostate assessment clinics with rapid access and more than half were run by urological specialist nurses. These new clinics are popular with both GPs and patients.

Investigation constitutes five elements, all of which can be carried out in primary care:



Cross-section of enlarged prostate, showing narrowing of the urethra

- full medical history
- urinary symptom review
- digital rectal examination
- urine analysis
- serum creatinine.

There is less agreement on other tests which can include:

- prostate-specific antigen, a blood test for early detection of prostate cancer. Reserved for suspected cancer or positive family history of prostatic cancer in men below 75
- uroflowmetry currently assessed in only 40 per cent of UK prostatectomy patients
- post-voided residual urine used as an indication for surgery, despite wide variation in individual patients RU; it may reflect bladder dysfunction rather than obstruction
- pressure flow studies helpful in predicting poorer outcomes from operation by establishing detrusor (bladder muscle) hypotonicity.



## Management

Once a diagnosis of BPH has been made, there are three options: 'watchful waiting', drug treatment and surgery. Recent reports from a number of UK centres indicate that approximately one-third of patients with BPH will be managed initially within each of these three options.

'Watchful waiting' is the preferred option in all mild cases which are free from complications as symptoms of BPH often remit and are subject to marked placebo effects.

However, the progression of BPH over the long-term is unclear. The Stirling community cohort of more than 1,600 men aged 40-79 in 1990 has now been followed for five years. The published evidence shows a slow

deterioration in the cohort as a whole. But there is considerable individual variation, with a minority of men improving over this period, the majority remaining stable and a similar minority declining in urinary function. There are no currently agreed guidelines for frequency of follow-up under a 'watchful waiting' programme, but 12-18 months intervals, in the absence of new problems, seems prudent.



## Drug treatments

Because placebo response plays a significant role in BPH – seen in up to 40 per cent of cases – monitoring patients' disease progress is important in minimising drug wastage. Community pharmacists could play a role in reviewing progress, but even this may be inaccurate since there is evidence of improved uroflow with repeated testing.

Drug treatment, which is suited to men with moderate symptoms and those not fit enough for surgery, constitutes the following.

### ● Alpha-blockers

The selective alpha-blockers relax the muscles in the bladder neck and prostate to relieve the symptoms of BPH. The newer alpha-blockers (alfuzosin, terazosin and tamsulosin) have a number of advantages over the early versions (prazosin, doxazosin and indoramin). These include a once-daily dosage with better compliance and fewer side-effects with better long-term drop-out. The one disadvantage is greater cost.

Patients on antihypertensive therapy and those with cardiac disorders need dose adjustments and more specialist supervision.

### ● Hormonal

Finasteride is an anti-androgen and is the only 5-alpha reductase inhibitor on the market. It relieves symptoms by shrinking the prostate and it has a much slower onset of action than the alpha-blockers, taking six to nine months to show an improvement. One advantage is that it is relatively free from side-effects. The most recent meta-analysis suggests that it is most effective in prostates over 40g. Concerns about its effect on PSA are resolved – it halves the level in all cases.

### ● Herbal

Cernilton, a pollen extract, and cubicin, derived from pumpkin seeds, have been shown to significantly reduce subjective symptoms and residual urine, but further randomised controlled studies are needed to demonstrate long-term efficacy.

## Surgery

Surgery remains the most effective method of treating BPH, particularly in acute and chronic retention. Most surgery is transurethral resection of the prostate – cutting away at the enlarged prostate by passing a resectoscope through the urethra. However, post-operative morbidity is found in 19 per cent of patients associated particularly with longer operating times, larger gland size and acute urinary retention.

Other methods of surgery include transurethral incision, laser resection, microwave thermotherapy, stents and ultrasound.

Although surgery is successful in improving the urinary flow, it may need to be repeated. Transurethral resection of the prostate has a re-operation rate of 10 per cent over ten years, but this is less than transurethral incision and the newer procedures.

C&D is accredited by the College of Pharmacy Practice as a provider of distance learning material until December, 1997.

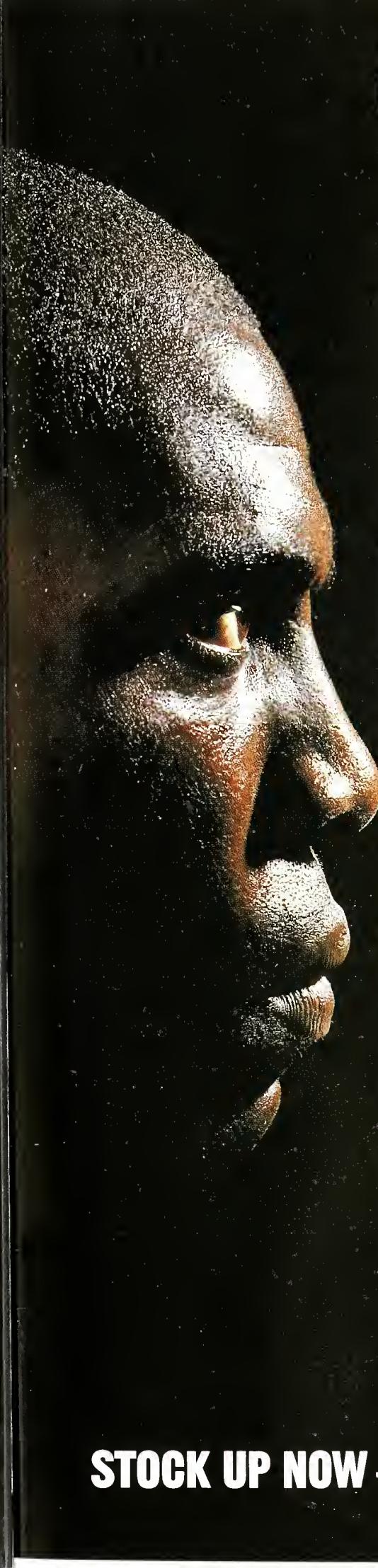
## RESOURCES



RESOURCES

- The Prostate Forum, PO Box 2846, London W6 9LW
- The Prostate Association, Stanley House, 22 Paradise Street, Rugby CV21 3SZ
- Prostate Research Campaign, 36 The Drive, Norwood, Middlesex HA6 1HP

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# GPs must prioritise CHD patients

Evidence-based treatment of all patients at risk from coronary heart disease with statins is unaffordable given current levels of resources, according to Nicola Bradshaw of the Gwent Health Commission.

Health authorities will have to examine the cost implications of treating patients with different levels of risk and prioritise, Ms Bradshaw told the United Kingdom Clinical Pharmacy Association's Spring Symposium in Hinckley on Saturday.

Presenting the 1996 Pharmacia & Upjohn Award lecture, Ms Bradshaw highlighted the lack of implementation of evidence-

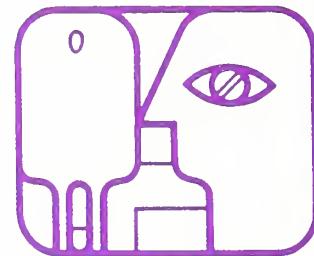
based prescribing in CHD by GPs. "There is clear evidence of the benefit of lipid lowering agents in the prevention of CHD. The proportion of the population that may benefit is large," she said.

However, an examination of prescribing practice found that GPs who prescribed few drugs with "limited clinical value" in CHD were not necessarily those who used statins most effectively. The use of statins was also largely unrelated to the reported practice incidence of CHD.

Ms Bradshaw found that spending on the statins in Gwent Health Authority would soon

overtake spending on beta-blockers and diuretics. Even so, the Authority's bill for such drugs was only one seventh of the total current spending on hospital CHD admissions.

Extrapolating the results of three large-scale studies of preventative statin use to Gwent, Ms Bradshaw suggested appropriate prescribing based on the evi-



dence would cost in the region of \$10 million, compared to total costs in 1995/96 of just over \$400,000, and a total drugs budget of \$60m.

## Chris Acomb takes over as UKCPA chairman

Chris Acomb of the pharmacy department, Bradford Royal Infirmary, was elected as the chairman of the United Kingdom Clinical Pharmacy Association after its annual meeting which took place last Friday.

Mr Acomb takes over the position of chairman from Linda Stephens, who recently left the Leicester General Hospital to join the Glaxo Wellcome company Optimal as healthcare development manager.

## A communications challenge

Good communication among professionals about the needs of the elderly housebound could significantly improve patient care, according to a study by the Greater Glasgow Health Board Pharmacy Practice Unit.

In a study among 18 community pharmacists, only three were able to accurately identify the number of housebound patients they provided services for, while

only four GPs and six district nurses from 12 GP practices said they would inform the pharmacist a patient was housebound.

The study found only 69 per cent of patients out of 219 housebound elderly knew the dose of their medicines and only 60 per cent knew what they were for. Knowledge was unrelated to age, number of items or the provision of specific directions.

## Poor MDI technique in elderly

More than two in five elderly people who are prescribed a metered dose inhaler have a poor technique, while only 17.5 per cent could be said to have a 'good' technique, according to research undertaken by Tamsin Stevenson and others at King's Healthcare NHS Trust and King's College, London.

Ms Stevenson assessed inhaler technique in 40 patients with an MDI, using four existing checklists from the literature and an

aerosol inhalation monitor (AIM). Despite a recommendation in the British Thoracic Society Guidelines that patients should have their technique checked and recorded, only 11 had been reassessed since the MDI had first been prescribed.

The researchers had developed a new assessment tool to minimise problems discovered with the existing checklists and highlighted by the use of the AIM device.

# 'Breaking on through' down under

### The theme of the New Zealand Pharmacy Conference was 'Break on through'. Stephen Kayne reports

New Zealand pharmacists chose the theme 'Break on through' at their annual conference, held in Auckland at the beginning of May.

Opening the event, president Glen Caves identified barriers to establishing an outlook and vision for the 21st century. He explained that there was a danger the profession might collectively accept some barriers as insurmountable and fail to seek what might be on the other side. "We should break on through these hurdles," he asserted.

This idea was further developed by an Australian speaker who drew a distinction between the current perceived role of "fixing illness" and the more desirable future one of "providing total healthcare". He suggested

that the profession was generally over-managed and under-led, resulting in a lack of vision as to what could and should be achieved in the years to come.

It is expected that 70 per cent of the jobs that will be filled in 2020 have not yet been created. As such, there are considerable

Royal Pharmaceutical Society president Ian Caldwell was one of those who attended the event as part of a four-country tour.

Mr Caldwell stopped over in Malaysia, where the University of Strathclyde School of Pharmacy has a joint teaching venture in Kuala Lumpur.

He met with the Australian Society and the Guild of Pharmacists and visited Melbourne to inspect the venues for the 1999 Commonwealth Pharmacists' Conference.

In New Zealand, after visits to Wellington and South Island, he attended the Pharmacy Conference. His interest in pharmacy in New Zealand focused on three

opportunities for all professions to expand their influence.

Professor Doug Hepler from the University of Florida proposed that participation in pharmaceutical care programmes should be adopted as a mission statement for pharmacy. This represented a major paradigm

areas where impressive progress had been made:

- the development of a pharmacy distribution policy

shift and could take several years to achieve.

He also stressed the need for 'vision'. The pharmacist's aim should be to provide a healthcare service that looks after the patient in a more holistic manner, while improving the outcome of medicines.

- the development of pharmaceutical care and the extended role
- discussions on remuneration packages.

During his visit, Mr Caldwell discussed a number of documents with colleagues, including the managed care report produced by the RPSGB working party of which he was chairman, and different aspects of 'Pharmacy in the New Age'.

Addressing the New Zealand AGM, he noted the similarity of the problems being experienced on both sides of the world and expressed the hope that the two Societies would continue their close co-operation in the future.



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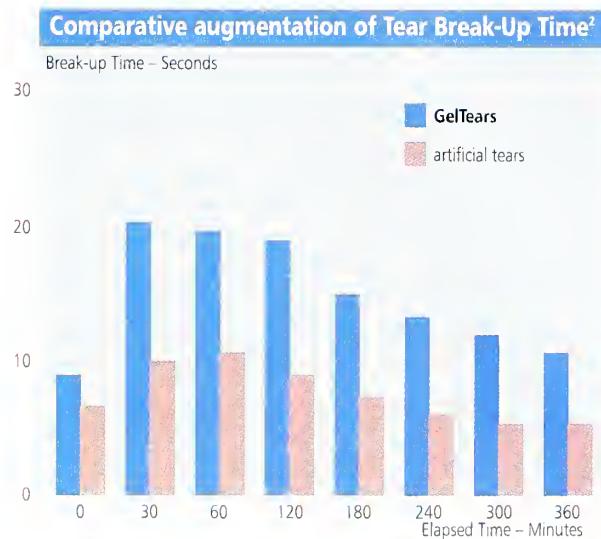
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**Special Warnings and Precautions for Use:** Contact lenses should be removed during treatment with GelTears. **Side Effects:** Corneal irritation may occur with prolonged use. Transient blurring of vision on instillation. **Drug Interactions:** No significant interactions have been reported. **Pregnancy & Lactation:** Safety for use in pregnancy and lactation has not been established. **Product Licence No.:** PL0033/0149.

**Marketing Authorisation Holder:** Chauvin Pharmaceuticals Ltd, Ashton Road, Harold Hill, Romford, Essex RM3 8SL. **Basic NHS Price:** £2.90. **Legal Category:** P. **Date of Preparation:** August 1996.

- Reference:**
1. Marquardt R, Christ Th (1986). Corneal Contact Time of Artificial Tear Solutions. *Klin. Mbl. Augenheilk* **189** 254-257
  2. Mencucci R, et al. (1988). Dry Eye Syndrome; a New Eye Gel Treatment. *Annali di Ottalmologia e clinica oculista* **119**, (12) 1313-1324
  3. MIMS. January 1997

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# Local health matters

In the first of a two-part article, Ian Carruthers, chief executive of Dorset Health Authority, explores the role of – and challenges for – health authorities, particularly in relation to the 'New Age' initiative put forward by the pharmaceutical profession

The 'New Age' initiative has provided an opportunity for all pharmacists to contribute towards a strategy for the future.

As a health authority, we are confident that the 'New Horizon' sets out a clear vision that will sustain the profession in the years ahead. The challenge now is taking forward this agenda.

## The new HAs

The creation of the unified health authorities in April last year was a watershed in the development of the National Health Service.

A single statutory authority is now responsible for meeting the health needs of a total population through the delivery of effective and responsive healthcare in the primary and secondary care services.

It is increasingly evident that the successful development of healthcare depends on the relationships and style of the key stakeholders. Creating the environment for provider organisations and healthcare professionals to flourish will be a major aim of each new health authority.

It is important to reflect on the context within which the new authorities will operate. The underlying values which influence the present-day NHS embrace:

- a clear focus on the delivery of high-quality, value for money health services
- commitment to deliver public services but not always from public sector organisations
- rewarding for performance
- promoting choice for patients
- increasing accountability on organisations and individuals
- more efficient use of resources
- improving effectiveness
- a constant search to secure



continuous improvement in service access, technical competence and the treatment of the patient as an individual

- increasing accountability to the consumer for services

It is a demanding environment and the pressures are unlikely to change in the foreseeable future.

## Role of HAs

The role of the health authority is the subject of much debate. It will evolve and change over time, and in line with national priorities. The main roles will be to:

- ensure that the healthcare system works effectively at local level
  - establish a local health strategy to deliver national priorities
  - ensure that purchasers and providers achieve the national priorities through the contracts established to meet the health needs of the population
  - monitor the performance of purchasers and providers
  - support the development of primary care organisations so that they have the capacity to fulfil their new role
  - commission general medical, dental, optometry and pharmaceutical services
  - undertake residual purchasing for those GPs who wish them to do so and for some specialist services which are likely to include those relating to high-cost, low-volume activities
  - overseeing both probity and governance in the use of public funds.
- These roles can only be delivered through a style of operation

*Continued on P24* ►

◀ **Continued from P23**

which is empowering, non-bureaucratic and which encourages innovation, experimentation and excellence in purchasing and providing organisations.

## The challenge

The challenging agenda facing health authorities is likely to focus on a greater preoccupation to improve health status rather than total concentration on health services.

There will be increased emphasis on evidence-based practice, balanced with consumer demands. Primary care will develop as the principal focus for health.

There will be pressure to meet expectations on waiting times for hospital treatment, meeting continuing care and care in the community aspirations, while resources in health and local authorities are pressured.

Health authorities will have to work with primary care organisations which can effectively purchase and provide healthcare, and with providers of hospital and community services to handle the rapid pace of clinical and technological development.

The agenda is daunting and depends greatly on the ability and willingness of health authorities to establish longer-term contracting frameworks with providers, as well as creating effective relationships with healthcare professionals, NHS Trusts and other key stakeholders.

## Issues for pharmacy

Health authorities will be keen to develop the role of community pharmacists and optimise the contribution they can make in the local community.

In 1992, the Dorset Health Commission, as it was then, set out a framework in which it would secure better health and health services for its customers. The three key objectives for pharmaceutical services were:

- 1 to develop the role of the community pharmacist as a key member of the wider primary healthcare team

- 2 to maximise patient safety in the provision of medicinal products, both on prescription and for self-medication

- 3 to maximise the potential of community pharmacists in the local community through promoting good health and being a key source of information about health and health services.

These objectives hold true today and much progress has been made both nationally and locally in Dorset through various pilot projects and development initiatives. There is now a need to build on these foundations.

'Choice and Opportunity: Pri-

mary Care the Future' highlights several areas where community pharmacy can be developed, particularly focusing on improving the management of prescribed medicines, and through wider recognition of pharmacies as the 'first port of call' for advice. These themes are familiar and consistent with areas that have been highlighted in the 'New Horizon'.

'Choice and Opportunity' also highlights the need for local flexibility, delivering primary care in a way better attuned to local needs. There is the scope for health authorities to explore different contractual arrangements and also to work closely with pharmacists in piloting these locally.

Having more flexible contracting, and developing standards locally, will underpin the implementation of 'Pharmacy in a New Age' and provide further opportunities for pharmacists to develop their role in primary care.

## Key issues

So what will health authorities be looking for in developing community pharmacy services?

This will differ from area to area according to the needs of local populations.

In addition to service development, health authorities will be looking at accessibility of pharmaceutical services to ensure that the public can obtain a comprehensive range of high-quality services.

Restructuring pharmacy services may be required to provide the necessary framework for service development and to ensure a rational distribution of pharmacies to meet the needs of different areas.

Accreditation for community pharmacy was introduced in Dorset in 1994 to provide a framework for developing and delivering pharmaceutical services which are underpinned by quality assurance initiatives and commitment to postgraduate education and training. Key elements of the scheme include:

- a minimum annual postgraduate education requirement for pharmacists and specific training in health promotion
- dispensing assistants training
- participation in professional audit
- development of a pharmacy charter.

Similar schemes have been introduced in other areas. In Dorset, we will be looking to establish contracts with accredited pharmacies to provide services that meet a defined need and to locally agreed standards.

Such services will focus on development of pharmaceutical care as envisaged in the Joint Working Party Report of 1992 on



**Ian Carruthers: health authorities are keen to develop pharmacy's role**

'The Future for Community Pharmacy'. This will require a shift in emphasis from a product-orientated service to a more patient-orientated approach and will include:

- developing pharmacy-based health promotion initiatives and health screening
- encouraging self-medication and developing the pharmacy's role as the 'first port of call'. This is particularly important as pharmacists have an increasing armoury of effective medication through deregulation from POM to P
- the harnessing of demand-led prescribing

- targeting those patients most at risk of treatment failure by providing advice and information. This will become increasingly important as more patients on complex regimes are treated in the community

- extending nurse prescribing. We may also see a move towards prescribing by pharmacists working within agreed guidelines following diagnosis by the GP

- developing initiatives to promote 'seamless care' when patients are discharged from hospital, perhaps following up patients most at risk. The planned introduction of patient packs will be a focus and provide a real opportunity to improve the management of prescribing between primary and secondary care, including the re-issue of patients' own medication on discharge from hospital.

A key area over the next few years will be improving the management of prescribing. We would anticipate that health

authorities and fundholding practices will be keen to contract for such services, particularly:

- in providing advice to GPs and assisting in interpretation and analysis of prescribing data
- providing support for formulary development and review of repeat prescribing
- facilitating better use and improving compliance with prescribed medication to ensure that patients get optimal benefit from their treatment
- providing advice on medicines to both the general public and members of the primary healthcare team.

Pharmacists have both the specialist knowledge and practical skills to enable them to take an active and fulfilling role in helping to manage prescribing and optimise the health gain from prescribed medicines.

There are many opportunities for pharmacists to realise their full potential within primary care. However, we can expect, and are beginning to see, other players emerging to take on some of these roles. Pharmacists, therefore, need to respond positively to the challenges and opportunities which lie ahead. To coin the 'New Age' phrase, 'standing still is not an option'.

We look forward to continuing to work with pharmacists in our area to support the development and delivery of enhanced services which meet the needs of the population in Dorset. We are confident that pharmacists will meet these challenges and can look forward to a satisfying and sustainable future within the primary healthcare team.

Michael Ward, AAH/Lloyds' new chief executive, is determined to win the 'hearts and minds' of consumers, community pharmacies and the pharmacy industry. His reward, he believes, will be recognition as the UK's top pharmacy group. Guy L'Aimable reports on how he is setting about achieving his goal

# Reaching for the top

We're very fortunate in being the leader in the fields we operate. We're the leading distributor to the independent sector



Michael Ward has a habit of rising through the ranks quickly. He is a chartered accountant who joined Lloyds as group finance director in 1994, having been group finance director of HP Bulmer Holdings. A year later, he was promoted to group managing director. Still only in his early 40s, he has slotted into the AAH/Lloyds' top job

**M**ichael Ward's appointment as chief executive of AAH/Lloyds was a surprise. Past events had not hinted that he, nor any other of the two companies' executives for that matter, was being groomed for the post.

In late January, soon after Gehe acquired Lloyds, Mr Ward had been appointed executive director on a Lloyds' board that also included AAH executives. A betting man would have put money on Gehe promoting 'one of its own'.

Mr Ward's explanation suggests that the German company was swayed by pragmatism, not internal politics. He says it had searched throughout industry for the right person, one who

understood the pharmacy industry and Lloyds itself. That person will have to integrate AAH and Lloyds and establish a definitive identity for more than 1,200 pharmacies.

With the benefit of hindsight, Mr Ward seems the logical choice. He knows what it is like to manage a company going through a transition. "The business [Lloyds] had grown through Allen [Lloyd], who is an entrepreneur. But you reach the point where you have to install a structure that will enable it to grow into a much bigger business. We [Lloyds' management] had started that process, but had not completed it. AAH/Lloyds can benefit from the lessons we learnt [during that process]."

His immediate priority is to complete the group's centralisation, which is proceeding smoothly with the phased relocation to its new headquarters in Coventry. AAH/Lloyds is also finalising a network of 'regional teams' for its pharmacies, led by Michael Major, its retail managing director. Much of the integration will be over by September. Further details will be announced at Gehe's annual general meeting on June 12.

Mr Ward says the group is already in a strong position. "We're very fortunate in being the leader in the fields we operate. We're the leading distributor to the independent sector."

But surely Boots is the top UK pharmacy chain – not Hills/

Lloyds? "We compete in different sectors from Boots. They specialise in High Street stores, we are community pharmacists and most of our stores are located close to surgeries," he explains.

Another key task is to incorporate the best aspects of both AAH and Lloyds. Take the retail side. Lloyds, he says, knows what it is like to experiment with store formats. During the financial year to June, 1996 – its last before it was acquired by Gehe – the company refurbished 118 stores, fully upgraded 26, introduced a window format that had a medicines unit in 628, and tested new layouts. That does not mean AAH/Lloyds' pharmacies will ex-

Continued on P26

◀ **Continued from P25**

clusively field Lloyds' formats. The group's decisions will reflect what customers want and it has commissioned researchers to gauge their views.

The group will not decide whether to merge the Hills' and Lloyds' chains until it has analysed these findings. What option would Mr Ward prefer? "I remember working for an FMCG [fast moving consumer goods] company that commissioned research into its customers' demands. It discovered that their views were diametrically opposed to what it had assumed. That taught me a lesson: never assume you know what your customers want."

Hills' stores have a reputation for quality refurbishments, he adds, which is another expertise the group could use.

Moving on to staff, Lloyds' training has become "an industry-recognised standard. We have consistently achieved the highest pass rate for pharmacy graduates in the UK". Given the shortage of pharmacists, which he believes will continue in the short-term, the group needs to build on that reputation if it wants to recruit top-calibre pharmacists. Both organisations have different training structures that will be integrated.

Whatever skills the group develops, he says, can also be passed on to community pharmacies which deal with AAH's wholesale division. Its EPoS systems, for example, will collate data throughout the 1,200 stores and establish planograms that independents could use.

Some community pharmacists believe they cannot get a fair service from a wholesaler that owns a pharmacy chain. Mr Ward strongly disagrees. AAH/Lloyds, he says, cannot afford to forget its customers, whether they are retailers or consumers. "The person who pays my salary is my customer. If we ever stopped looking after him,

I may as well go home. That applies just as well to our wholesale partners, whose customers are independent pharmacies," he says.

AAH Pharmaceuticals, adds Mr Ward, is committed to giving those customers the service they need by investing in new technology. It has, for example, been phasing in a new warehousing system that is based on procedures adopted by Gehe subsidiaries in France and Germany.

The company says the system is the first in the UK to offer a despatch sorting service, which speeds up deliveries and allows its depots to process more tote boxes per hour.

AAH's established wholesale services include twice daily deliveries and a full range of surgical products. Daniels Enterprise, a shortline wholesaler, provides extra depth on the OTC front.

Now that Lloyds has sold seven Daniels' depots, as required by the Monopolies and Mergers Commission, it has two left in Avonmouth



**AAH has always outperformed the market place and its nearest competitor. We can continue to do so - we've got the network**

and Ashton. Overall, the group has a regional structure of six major depots, supported by 'satellite depots'. "AAH, historically, has always outperformed the market place and its nearest competitor. We can continue to do so because we have got the network in place," comments Mr Ward.

The group will probably move one of its Midlands' depots, but has yet to pick a new location.

Does the group have any weaknesses? Mr Ward believes the company has few, if indeed any,

"serious deficiencies".

Some critics have suggested Lloyds needs to divest a number of inefficient stores. He disagrees. "You will always find, if you look hard enough, a small pharmacy which is on the list for refurbishment. But if you drive through Birmingham and any other city centres, you will find that the standard of the stores is excellent."

The Royal Pharmaceutical Society's Register in March notes that Lloyds closed 15 outlets, but

Mr Ward stresses that that happened last October. The company, at the time, was merely "managing its portfolio" and sold a few stores to Boots and Superdrug. AAH/Lloyds, he says, does not plan to divest a set number of stores, nor does it have a fixed acquisition programme. It will buy when it sees fit, as it did two weeks ago when it acquired six premises.

Like any chief executive of a huge company, Mr Ward is under pressure to 'produce the goods'. Gehe expects Lloyds' turnover to reach DM1.7 billion (\$625 million) this year - Lloyds' pharmacy sales grew 5.4 per cent to \$509.6m during the financial year to June, 1996. Admittedly, that year-end performance is slightly misleading because the company was handicapped by uncertainty over its future.

Mr Ward admits Gehe has invested about DM3bn in AAH/Lloyds, which the group has to repay. "We're quite fortunate that AAH/Lloyds' business is cash-generative. We're confident that it is trading well and we see no reason why we should not grow in line with the market place. I think we should do better than that," he says.

Mr Ward warns that the group cannot grab its synergies "in one day", but they will surely come in time and should include better margins from manufacturers.

Lloyds has smashed the idiosyncratic shackles that bound it under Allen Lloyd's command. It no longer wants to be an 'outsider' in the pharmacy world, which explains its decision to become a member of the National Pharmaceutical Association. Mr Ward says the group wants to be involved in every aspect of retail pharmacy because it wants to contribute to the industry.

"We hope to see the dawning of a new era. Rightly or wrongly, there were a lot of perceptions about Lloyds. We hope to dispel them," concludes Mr Ward.

#### REGISTRATION FORM (COMPLETE CLEARLY IN BLOCK CAPITALS)

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Additional single module copies at £4.00 per module (plus VAT of £0.60), will be available only to Chemist & Druggist subscribers or registered Community Pharmacy readers from Miller Freeman (Full set £40.00 plus VAT of £5.96).



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#### How to register

The ten modules for the first half of the course will come free to UK pharmacies through either Chemist & Druggist or Community Pharmacy (see insert with this module in this issue for full details).

Pharmacists aiming to complete CiCPM must register with Miller Freeman and pay a fee of £100 to cover the first half of the course. (Registrants must subscribe to C&D or be on Community Pharmacy's mailing list.) The ten modules provide 50 hours of learning, or

half the 100 hours needed for the CiCPM. The fee covers project administration, registration and telephone marking, and three progress reports.

Pharmacists who wish to proceed to the second 50-hour project stage must have registered with Miller Freeman for the module component. The second stage attracts a fee of £200 to cover course preparation, marking, access to a course tutor and certification by QUB. Pharmacists registering for both parts simultaneously can save £25.

# Teva prepares for Copaxone's UK launch

Teva Pharmaceuticals UK, a subsidiary of Teva Pharmaceutical Industries, is gearing itself up for the launch of Copaxone.

The drug, described as the only non-interferon treatment for multiple sclerosis, was launched in Israel early this year and in the US in March. Teva and analysts expect Copaxone's sales to reach \$100 million this year and \$300m by 2000, according to one press report.

Copaxone is currently being evaluated by European Union regulatory authorities and could be launched in the UK in the

autumn. Glyn Wright, Teva Pharmaceuticals' marketing manager, says about 10,000-12,000 MS sufferers in the UK could benefit from the new drug.

Teva Pharmaceuticals, set up as a 'skeleton' company last year to initially market the drug, will be harnessing the sales, marketing and distribution might of Hoechst Marion Roussel. The partnership is part of a global deal that also extends to France, Germany, Austria, Benelux and Italy. In the US, Teva and HMR have formed a joint venture, called Teva Marion Partners.

Teva Pharmaceuticals now has a clinical research manager, an embryonic marketing department, and a growing clinical trials department. By the end of the year, it plans to have a small marketing team and a salesforce.

The news comes as Teva Pharmaceutical Industries, the Israeli parent, reported a 68 per cent rise in net profits to \$31.5m for the first quarter, compared with the same period last year. The group's sales rose 22 per cent to \$268m.

While North America remains Teva's biggest market, account-

ing for almost half of its revenues, it is increasingly targeting Europe. Last year, it acquired APS/Berk to spearhead its moves into European generic markets.

Teva's European sales, bolstered by the acquisition of APS/Berk, rose 34 per cent to \$17m during the quarter.

Teva's global strategy is to build up its generics business and to become a leading player in treatments for neurological problems, such as MS and epilepsy. It is scheduled to launch a number of therapies over the next few years.

## Labour to punish firms for late debt payments

Labour will bring forward a bill giving firms a statutory right to interest on the late payment of debts that exceed a certain threshold.

The Fair Payment of Commercial Debts Bill, announced in the Queen's Speech on Wednesday, will also require the Government and local authorities to pay their bills on time, and force large companies to say in their annual reports how many invoices they paid late in the previous year.

Precise details of how the Bill will operate will be the subject of consultation over the coming months.

Labour's first legislative programme will also include a bill to

reform the national lottery, and to allow money collected from the midweek draw to go to new causes in education and health, including health promotion and the funding of new 'healthy living centres'.

The Queen's Speech reaffirmed Labour's commitment to a national minimum wage, although there will be no legislation in the first 18 months of the new Government.

Instead, a Low Pay Commission, comprising employers, small businesses and employees, will be set up to advise on the level of the minimum wage.

Trade unions are arguing for a minimum hourly rate of £4.

## Sankyo Pharma UK gears up for 'blockbuster' launch

Panpharma's name has been changed to Sankyo Pharma UK, reflecting its Japanese parent Sankyo, because it is gearing up for the UK launch of a major diabetes drug.

Troglitazone, a treatment for type II diabetes, is earmarked to become one of Sankyo's major brands. It was discovered by the Japanese company's research and development division, and developed in Europe with the help of Glaxo Wellcome.

The drug is set to appear in the UK in September/October. It has already been launched as Nosoral in Japan and Rezulin in the US.

Dr Andrew Holgate, Sankyo Pharma's managing director, predicts that troglitazone will

become one of the top ten drugs in the UK. The company will be expanding its sales and marketing operations to cope with the potential blockbuster.

The company's offices may be relocated – it is currently based in Amersham, Buckinghamshire – to accommodate the extra staff, although this has not been decided yet. If the company does move, it will probably remain in Buckinghamshire.

Sankyo Pharma UK has 80 employees and a part-time contract salesforce of 40, who call on GPs. Its brands include Motifene and Movicol Relief for arthritis; Propain, an analgesic; and Rhinolast-Hayfever, a new antihistamine spray.

## Phytopharm in the red

Phytopharm posted a net loss of \$1,192,000 for the six months to February 28, compared with a profit of \$133,000 during the same period last year.

However, the company, a specialist in developing prescription medicines from plants, says it expected the loss because it had more than trebled its research and development expenditure to \$1,159,370. Its turnover, during the same comparable period, fell from \$642,000 to \$9,000. The company's net assets were worth \$8,057,000 in February and it believes it has sufficient resources to develop its product portfolio.

Phytopharm suffered a setback last December when the Medicines Control Agency suggested further work needed to be done before it could approve Zemaphyte, a treatment for

severe atopic eczema. The company says it has had several meetings with the MCA since then to clarify the Agency's doubts. Phytopharm now has agreed a research programme for the drug, which should be resubmitted to the MCA by the end of next year.

Other products in the pipeline include P7, a treatment for dermatological conditions that will undergo toxicological studies in summer, and treatments for diabetes and Alzheimer's disease.

The company, which celebrated its first year on the Stock Exchange in April, saw its shares climb by 11p to 138.5p after its presentation.

● Dr Geoffrey Guy, Phytopharm's founder and chairman, relinquished his post this month. His successor is Gordon Stevens, a former chairman of Scholl.

## Numark Bahamas conference

Numark's conference this year will be held in Nassau, Bahamas, from October 12-18.

The fee is \$1,000 per adult, which covers air fares, accommodation, all meals, drinks, free golf and other leisure activities.

Delegates will also be invited to the company's 'meet the trade' session, workshops, the 1997 conference and a shareholders' meeting.

Further details are available from Numark on: 01827 69269.

## Productive depth for Zeneca in Cheshire

**Zeneca has opened a £12 million plant in Macclesfield, Cheshire. The plant is expected to handle about 12 different liquid and parenteral products, including injectable solutions, cytotoxics, lyophilised products, intravenous emulsions and oral liquids. It has automatic processing equipment to produce larger batches more efficiently, which Zeneca says should help it to keep pace with the company's development pipeline**



# AAH improves Link Scripts system

AAH Pharmaceuticals has updated the Link Scripts patient medication record system with over 40 new features.

These include:

- stolen prescription alerts, with an option to store a warning message against the GP's name
- monitoring and listing outstanding prescriptions
- retrospective endorsement of prescriptions, enabling users to recall past endorsements to ensure correct reimbursement
- access to amending or delet-

ing order entries within the labelling program itself

- printing zero quantities on medicine administration records for controlled dosage systems, which indicates whether the medication has not been supplied in the current month; and a double-label print option for special containers dispensed to care home residents.

Other additions include last patient recall, an option to abort label printing, the percentage of generic usage of proprietary

products and the transfer of a retiring GP's patients to a replacement partner.

The changes were a response to pharmacists' comments about the previous system. Graham Morris, a Vantage member based in Newark, has used Link since the systems were introduced ten years ago and has been using the Scripts update for eight months. He says the new facilities have made his dispensary more efficient and they have given him greater control over potential

loss-making areas, such as retrospective endorsements.

Chris Gilmore, Link's marketing manager, says the update is the most significant it has carried out since the Link Scripts system was launched a few years ago.

The new Link also has a faster modem (US Robotics Sportster 33.6) and a tractor unit for users who need to handle heavier paper from their stationers. New users who like music while they work can have a free Soundblaster sound card and speakers.

## COMING EVENTS

### MONDAY, MAY 19

#### Bromley Branch, RPSGB

Queen Mary's Hospital, Sidcup, 7.00 for 8.00pm. The National Schizophrenia Fellowship.

### TUESDAY, MAY 20

#### Oxfordshire Branch, RPSGB

John Radcliffe Hospital, Oxford, 7.30 for 8.00pm. AGM.

### THURSDAY, MAY 22

#### Bedfordshire Branch, RPSGB

Silsoe College, 7.30 for 8.00pm. 'Hypercholesterolaemia'.

#### Weald of Kent Branch, RPSGB

PGMC, Kent & Sussex Hospital, Tunbridge Wells, 7.30 for 8.00pm. 'A new inspector calls'.

# British Biotech prepares for first launch

British Biotech has appointed senior executives and set up sales subsidiaries in Europe as it prepares to launch its first drug – Zactex, a treatment for acute pancreatitis.

Adrian Haigh, formerly in the post of UK hospital business unit director at Schering-Plough, becomes British Biotech's managing director for the UK, Ireland and Holland.

Tim Edwards has been appointed director of business development. He was previously

a director at Natwest Markets Corporate Finance.

Roy Carlisle, formerly marketing manager for new product development at Smithkline Beecham, is the new international marketing manager.

Initially, they will be handling the European marketing for Zactex, which yielded encouraging results in a Phase III trial conducted in the UK and is undergoing a double-blind, placebo-controlled Phase III trial in the US.

In February, the company filed a marketing authorisation application for the drug with the European Medicines Evaluation Agency.

British Biotech has set up sales subsidiaries in the UK, France, Germany, Italy, Spain and the Nordic region to market the drug in Europe.

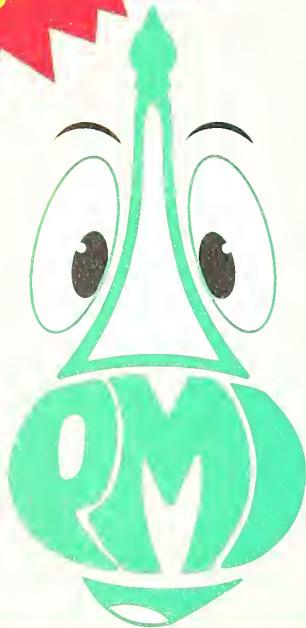
It has also appointed Tony Bainbridge as director of human resources.

Further appointments will be announced later in the year.

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# Oxford Molecular to raise £30.4m

Oxford Molecular Group plans to raise \$30.4 million through a one for seven rights issue to acquire two US software companies: Genetics Computer Group and MLR Automation.

The group will pay \$20m (£12.3m) cash for Genetics, whose computer programs enable researchers to analyse DNA and protein sequences. OMG says Genetics' software is used by more than 30,000 researchers worldwide. It reported pre-tax profits of \$132,000 (£84,512) on a turnover of

\$3,052,000 (£1.95m) last year.

OMG will initially pay \$2.5m (£1.5m) for MLR Automation which develops software to manage data produced by high throughput screening processes. MLR earned pre-tax profits of \$77,000 (£49,299) on a turnover of \$316,000 (£202,318) last year.

OMG reported a pre-tax loss of £1.849m last year – an improvement on the year before, when its loss topped £3.693m, but press reports suggested that investors had been hoping for a profit. It spent £3.1m on R&D last year.



Driving the message home: UniChem has started to advertise its own-brand healthcare range on 120 of its vans – a third of the fleet. The first products to appear on the front and sides of the vehicles are the company's soluble aspirin and travel calm tablets. The advertisements are expected to be changed every four months

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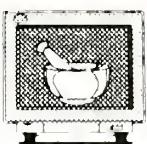
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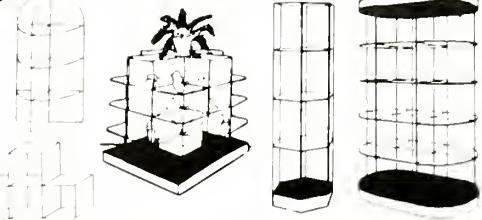
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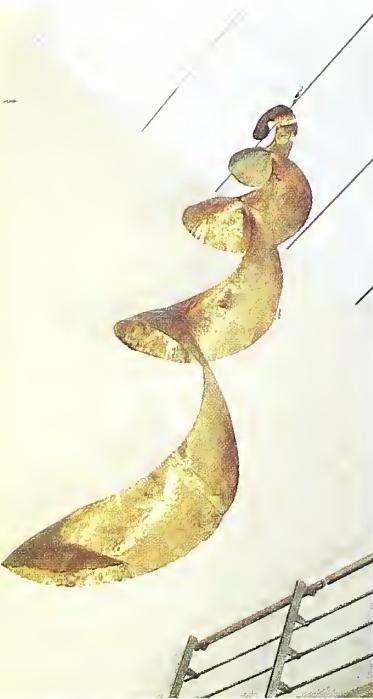
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## The art of good design at SB



Staff at Smithkline Beecham's new £250 million R&D centre in Harlow, Essex, have been treated to a feast of art in their new workplace.

Peter Harris, head of International Art Consultants, whose company selected works of art for SB's New Frontiers Science Park, says: "A successful art programme must satisfy the three 'Bs', which are business, buildings and budget.

"Art provides a counterpoint to technology in scientific companies, a high-quality working environment, which keeps people happy, and is a form of future

**Lincoln Seligman's 'Apple' is a series of three paintings of identical apples, one gold, one silver and one bronze, and an apple peel mobile. The fruit is a symbol of both perfect packaging and of perfect health. The three colours represent reward**

investment for corporations."

The company has acquired a range of more than 50 contemporary European art pieces to enliven and freshen the clinical surroundings of its new buildings, Science Complex One and Pharmaceutical Technologies. More than a quarter of the works were specially commissioned.

Pharmaceutical development staff preferred more figurative pieces. Their chosen works were industry-related and humorous. SC1 researchers picked images that were large, abstract, colourful and state of the art.

"The most popular work is 'Love of the Family' by John Brown, and the most prestigious piece is a stained-glass screen, 'Renaissance', by Graham Jones, who is the only living artist to have been commissioned to do a stained-glass window in Westminster Abbey," comments Mr Harris.

Other services include reading personal and private information, such as medication instructions and income support books, and putting Braille labels on Mrs Gulliver's drugs. They will also read out packaging information on any of the shop's products and explain the dosage. New pharmacy staff are trained to assist the Gullivers.

## Pharmacists help the visually impaired

Pharmacists Rupert and Paul Peskett of the Peskett Pharmacy in Reading, Berkshire, were runners-up in the unsung hero category of the Royal National Institute for the Blind's 'See it right' awards.

The awards scheme was launched last year to encourage organisations to provide information to blind and partially-sighted customers in accessible formats, such as Braille, large print, tape, computer disk or by telephone.

The Peskett brothers and their pharmacist parents have been helping a local blind couple, Mr and Mrs Gulliver, with their medication for 20 years.

Mrs Gulliver says: "They are absolutely superb and second to none. I wish that everyone had the same care and consideration for people in the community."

Other services include reading personal and private information, such as medication instructions and income support books, and putting Braille labels on Mrs Gulliver's drugs. They will also read out packaging information on any of the shop's products and explain the dosage. New pharmacy staff are trained to assist the Gullivers.

"Pharmacists can help visually impaired people in several ways. They can print out labels with larger print sizes, record the prescription details onto normal cassettes, or even use a Braille Dymo gun," says RNIB spokeswoman Nana Yerassimou.

Boots the Chemists has raised \$174,000 nationally from the sales of its own-brand Christmas cards for the RNIB.



**Congratulations to Tony Lamb, art editor of C&D, who won the Designer of the Year title at the Miller Freeman awards ceremony last week. Tony's innovative work in C&D and Over the Counter makes particular use of new technology and its application in design**



**Superna Sareen (left) and Caroline Tomkins (right) of Boots the Chemists present a cheque to Claire Rayner on behalf of the RNIB**

## APPOINTMENTS

Pharmacia & Upjohn has elected **Fred Hassan** as the company's president and chief executive officer. Mr Hassan previously served as executive vice president for the American Home Products Corporation.

**Sandy Young** succeeds Rowland Cole as the group company chairman of L Rowland & Co, the pharmaceutical wholesaler and retailer.

The British Dental Health Foundation has appointed **Nigel Carter** as its new chief executive. He succeeds Eric Ingham, who is taking up a position in South Africa. He qualified as a dentist at Birmingham in 1975, and since then has worked in general dental practice.

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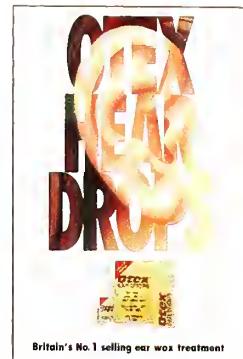
Otex became brand leader just 3 months from launch, fuelling an incredible 25% growth in the ear wax market. Otex has become one of the great OTC sensations.

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OTEX Registered Trademark and Product Licence held by Diomed Developments Ltd., Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd., 94 Rickmansworth Road, Watford, Herts, WD1 7JJ, UK. **Active Ingredient:** 5.0% w/w Urea hydrogen peroxide. **Directions:** Tilt head, and gently squeeze up to 5 drops into ear. Leave for a few minutes and then wipe surplus with tissue. Repeat once or twice daily, if necessary, whilst symptoms clear. **Indications:** For the removal of hardened ear wax. **Precautions:** Do not use if sensitive to ingredients, if ear drum is (or has been) damaged, if you suffer from dizziness, or if there is any other ear disorder (such as pain, discharge, inflammation, infection or tinnitus), or if any other preparation has recently been used in the ear. Do not use OTEX after syringing or after ill-advised mechanical efforts to dislodge wax. If in doubt, or if there is a history of ear problems, seek medical advice before use. Keep away from eyes. If irritation or pain occurs during use, or if symptoms persist, stop treatment and consult your doctor. Keep all medicines out of the reach of children. **FOR EXTERNAL USE ONLY** **Legal Category:** P **Packs:** Bottles of 8ml (PL 0173/0151). RSP £3.95 (£3.36 exc. VAT). 3/97.



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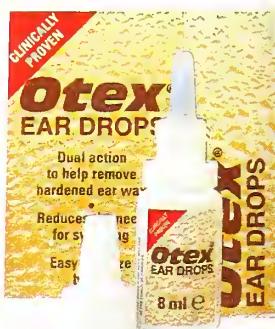
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# SUPPLEMENT TO CHEMIST & DRUGGIST

March 17, 1997

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## Home hazards

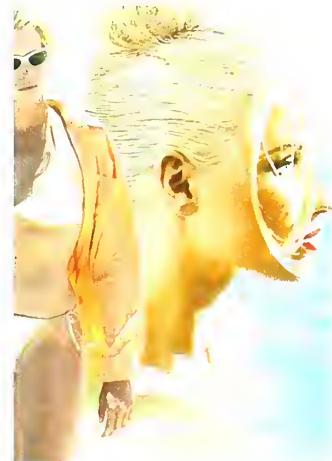
Holiday horror stories can just as easily happen on your doorstep. Zita Thornton highlights some of the hazards of holiday time at home

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# OTC

OVER THE COUNTER

Volume 9 Number 65

May 1997



Summer seemed to get off to an early start this year with temperatures reaching 70°C by the end of April. However, I knew it was too good to last and as we go to press the thermometer has taken a nose dive, with threats of sleet and rain hanging over us.

One consequence of this false start to the summer is the early arrival of the hayfever season. No doubt you've already had to cope with customers unable to understand why they've started sneezing so early in the year.

An added complication of hayfever treatment this year is the terfenadine issue (see p20). The Committee on Safety of Medicines has recommended that terfenadine be made a Prescription-Only medicine because of the 'increasing complexity of precautions needed for its safe use'. However, such a change can only be made after a consultation period, which means it will be available throughout the peak hayfever months. Although terfenadine is a very safe drug when used appropriately, coverage of the issue by the lay media has alarmed many hayfever sufferers and it is up to you and your pharmacists to reassure patients and, where necessary, recommend alternative therapy. Discuss with your pharmacist the procedure to follow when a customer requests a terfenadine product.

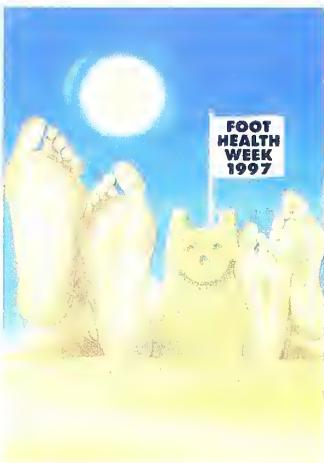
For many, the first hint of sunshine is a signal to strip down to shorts and mini-skirts to ensure maximum exposure. Despite the efforts of the Health Education Authority, cancer charities and most sun care manufacturers, a significant proportion of the population seem unaware of the damage they are inflicting on their skin by sunbathing without protection. You are ideally placed to recommend suitable products, particularly for children and our feature on p30 highlights the problems ahead for those who choose to 'burn before tanning'.

**Maria Murray**

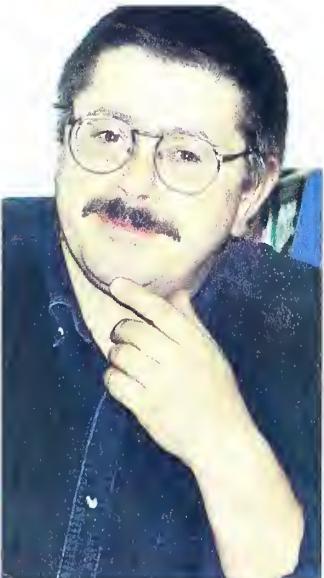
Supplement Co-ordinator

# NEWS

## Make friends with your feet



'Make friends with your feet' is the theme of this year's National Foot Health Week, which runs from June 1-7. Sponsored by the Foot Health Council as well as Scholl, Clarks, Ecco and the Society of Shoe Fitters, the main thrust of the campaign is that prevention is better than cure. A few minutes spent looking after feet can save hours of discomfort later. Colourful posters promoting the week, suitable for display in pharmacies, are available from the Foot Council, c/o The Society of Chiropodists and Podiatrists. Tel: 0171 486 3381.



## Congratulations

Congratulations to Tony Lamb, art editor on *Over the Counter*, who fought off tough competition to scoop the Designer of the Year title at the Miller Freeman annual awards. The judges were highly impressed by Tony's innovative work using graphic design software packages, particularly within OTC.

## Bedwetting Day on June 4

National Bedwetting Day goes ahead this year on June 4 – its fourth successive year. Endorsed by the Department of Health, the day will tackle all aspects of bedwetting, although there will be a special focus on the particular problems associated with sufferers going on holidays.

The aim of the campaign, as in past years, is to tackle the taboos surrounding bedwetting and encourage people to approach their GP for treatment.

During the night of June 4, the national charity ERIC (Eneuresis Resource and Information Centre) will operate a 24-hour telephone help/advice line on 0117 960 3060. The charity provides advice and information for children, parents and professionals on bedwetting and how to cope with this often stressful and embarrassing condition.

It is estimated that there are one million bedwetters in the UK and one third of these are adolescents and adults.

## Bright lights beckon for Ben

Counter assistant Ben Haslam is leaving his job at Moss Chemists in Sheringham, Norfolk, to pursue a career on stage.

"It's what I have always wanted to do. But it's taken a few years to realise that," says Ben, 22, who has been heavily involved in amateur dramatics for the last five years.

The budding thespian has worked in the pharmacy for over a year and has



handful of 'characters' and he has plenty of inspiration if he's ever offered the part of a pharmacist.

Ben's first role was a gangster in a school production of 'Bugsy Malone' when he was 11. A few years later he began studying art at Norwich Art School but soon discovered he was more attracted to theatre life and acting.

More recently Ben was one of 700 applicants for just 40 places at the Mountview Theatre School in London. Following an interview and stage tests he was one of the successful few and will start at the School this October, funds permitting. So far, he has raised £1,000 towards the £11,500 annual fees for his three-year course.

He is currently appearing in 'Westenders II', featuring songs and chorus lines from hit West End shows in London.

Anyone wishing to sponsor Ben can give him a call on 01263 824144.

## Dangling the chocolate carrot

The campaign to encourage children to eat their greens has been given a boost by Iceland stores in the form of chocolate-flavoured carrots.

The 'Wacky Veg' range, which is free from artificial preservatives and colours, also features such unlikely flavour combinations as pizza-flavoured sweetcorn, cheese and onion-flavoured cauliflower florets and baked bean-flavoured peas. Children involved in the sampling did draw the line at bubble gum-flavoured broccoli and toffee apple sweetcorn.

The idea came from Professor Gordon McVie, director general of the Cancer Research Campaign, who wanted an alternative means of persuading children to eat vegetables than those favoured by many parents. How many of us were told, "No dessert until you've eaten all your vegetables"?

"Flavoured veg might seem like an odd idea but for many years chocolate and honey-flavoured cereals have been an accepted way of ensuring that children start the day with a nutritious breakfast," said Professor McVie.

Of the 300,000 cases of cancer in the UK every year, about a third are diet-related and potentially preventable.

## Rx reminder

A reminder that the NHS Prescription Charge was increased on April 1 to £5.65 for each medicine or appliance. Pre-payment certificates costing £29.30 for four months and £80.50 for 12 months could save some of your customers money.

# Predictor – so simple you can't go wrong



**T**ake a test that's as simple as using Predictor for a chance to win a weekend break for two in Switzerland, or one of five Mont Blanc pens!

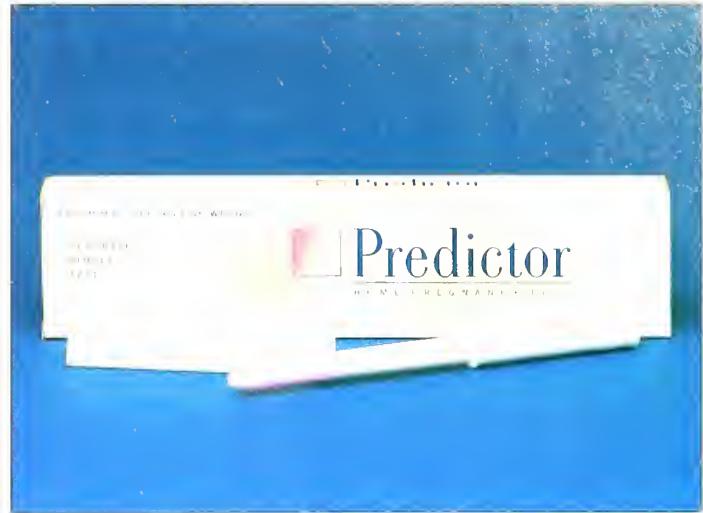
There's simply no doubt who's the most committed to supporting their home pregnancy test. Predictor will spend an unprecedented £2 million this year supporting the brand, including a major campaign on national television. So expect to

see many new customers drawn to Predictor's accuracy, speed and, most of all, ease of use. And to make things even easier there are new point of sale materials, featuring a counter unit with a Predictor test demonstrator for you to use when talking to your customers, plus 'So you want to have a baby' leaflets.

Now, why not enter our competition? It's so easy you can't go wrong!

## Rules

1 The competition is open to pharmacy assistants only. 2 Only one entry per person will be accepted, and entries must be on an original form. No photocopies will be accepted. 3 The competition is not open to employees of Chefaro Proprietaries Ltd or Miller Freeman, their agencies or relatives. 4 Entries received after September 1, 1997, will not be eligible. 5 The first correct entry drawn at random after the closing date will be awarded a prize as stated. 6 The judge's decision is final and no correspondence will be entered into. 7 Chefaro Proprietaries Ltd reserves the right to use any submission for future publicity. 8 The winners' identities will be available from Chefaro Proprietaries Ltd upon submission of a stamped addressed envelope one week after the closing date of the competition. 9 No cash alternatives may be offered and any prize trips must be taken anytime before the end of March, 1998 – excluding the Christmas/New Year period, December 20, 1997 to January 5, 1998. 10 Entry to the competition is taken as acceptance of the rules. 11 Proof of posting cannot be taken as proof of receipt.



## Competition

Here's a fun test – almost, but not quite, as simple as Predictor itself. The first competition winner drawn will win a weekend trip to Switzerland for two, plus a very special Mont Blanc pen (total value of trip up to £1,500). Five runners-up will also receive Mont Blanc pens (valued at up to £100 each).

So break out your Biro and have a go. Who knows, we might throw in a yodelling lesson, too!

Simply answer the following questions and send this form to: Predictor/OTC Competition, Over the Counter, Miller Freeman Professional, Sovereign Way, Tonbridge, Kent TN9 1RW. Closing date for entries is September 1, 1997.

### Question 1

Predictor is as easy to use as:

- a) opening a bottle of perfume
- b) taking the lid off a pen
- c) both of the above

### Question 2

How long do you have to hold Predictor in the urine stream for?

- a) one minute
- b) one second
- c) ten minutes

### Question 3

Name any two of the pack claims for Predictor:

- a) .....
- b) .....

### Question 4

Which of the following are true (more than one box may be ticked):

- a) Predictor can be used on the day your period is due
- b) Predictor can be used any time of day
- c) Predictor is over 99 per cent accurate

### Question 5

How many pink dots are there on Predictor if you are pregnant?

- a) one pink dot
- b) two pink dots
- c) three pink dots

Name.....Title.....

Pharmacy name and address.....

.....

.....Telephone number.....



**CHEMEX '97**  
21-22 SEPTEMBER 1997  
OLYMPIA 2 LONDON

## Check out Chemex '97

With a draw for a dream holiday, and other attractions such as a creche, a voucher book worth thousands and over 130 exhibitors, Chemex '97 promises to be even better than last year.

London's Olympia is the venue for the exhibition which will be held on September 21 and 22. Continuing professional development will be a key theme at this year's show and a series of business seminars will be run over the two days. To further assist retailers, a model shop will provide free expert advice.

All pre-registered visitors will be entered into a prize draw for a £1000 holiday voucher towards any trip of choice.

To help visitors make the most of their time in London, Chemex '97 is offering discounted high quality hotel packages in central London, complete with dinner on the Saturday evening before the show opens. More details of this offer will be published in the June 7 issue of *Chemist & Druggist*.

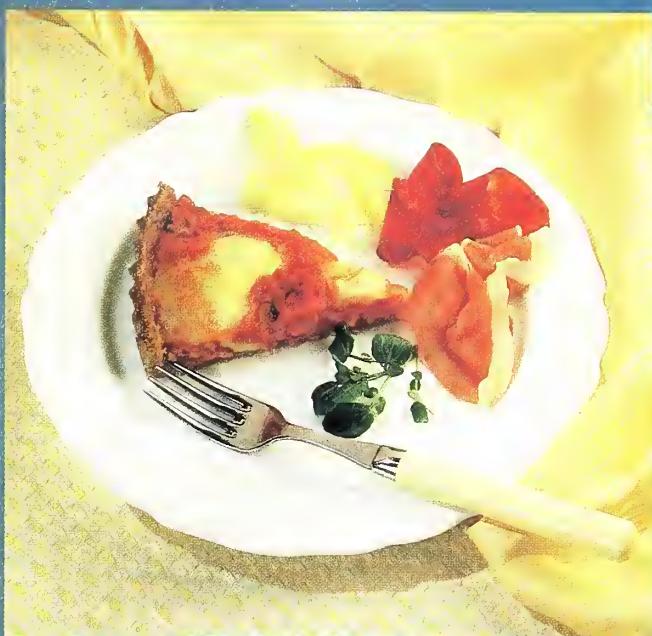
Tickets to Chemex '97 are free and can be requested by calling 0181 987 7620.

## Correction

In our March issue of *Over the Counter* our feature on analgesics, 'Getting to grips with pain' (p12) mistakenly included Nurofen Plus in the list of preparations suitable for asthmatics. As reader Monica Sharma MRPharmS rightly pointed out, Nurofen Plus contains ibuprofen, and as such, is not advisable for use by asthmatic patients.

Please also note the maximum daily dose for OTC sale of ibuprofen is 1200mg (six x 200mg, three x 499mg) in any 24 hour period.

## Fresh Tomato Tart



A slice of this colourful and tasty tart from the Fresh Fruit & vegetable Information Bureau will brighten any plate. The quantities given serve six (or four people with big appetites)

### Ingredients

6oz/170g wholemeal shortcrust pastry  
1tblsp olive oil  
1½ tomatoes, seeded and chopped  
1 large clove garlic, peeled and crushed  
Salt and freshly ground black pepper  
3tblsp tomato puree  
½ tsp grated orange rind  
1 tsp chopped fresh mint  
½ tsp brown sugar  
3oz/85g mozzarella cheese, thinly sliced

### Method

Roll out the pastry thinly. Line an 8 inch loose-bottomed flan tin. Press up the edges well and pinch neatly. Line with greaseproof paper and baking beans. Bake blind for ten minutes at 190°C/375°F/gas mark 5.

Meanwhile, prepare the filling. Heat the oil in a large shallow pan. Add the tomatoes, garlic, salt and pepper. Cook gently for five minutes. Add the tomato puree, orange rind, mint and sugar. Cook gently for 10-15 minutes until the sauce is thick and richly coloured. Spread the tomato mixture evenly in the part-baked pastry case. Top with the slivers of cheese. Return to the oven for 30 minutes.

Serve warm, cut into wedges, accompanied by thinly sliced cold meats and garnished with curly endive and watercress.

## E45 Careline

E45 has launched a 24-hour automated telephone helpline service intended to advise customers on the management of eczema.

The following topics are covered, largely in a dialogue format: eczema, emollients, diet, sleep and steroids. Calls are charged at non-premium rates which means that a typical five-minute call will cost about £0.50 during the day and £0.20 at weekends.

The E45 Eczema Careline can be reached on **0171 617 0808**.

## RoC sun pack

RoC has created a Sunsensitivity pack for pharmacists and assistants.

Written with the help of a photo-dermatologist and a clinical nurse specialising in dermatology the pack contains: 'Guidelines for the primary healthcare team', customer leaflets on sun sensitivity and protection, and a sample of Roc Total Sunblock SPF 25.

To obtain a resource pack write to: RoC Sunsensitivity Pack, TBP, Freepost - LON 513, Woodcock House, Gibbard Mews, High Street, Wimbledon, London SW19 5BY.

## New Cover Girls

Fresh faced beauties Sarah Thomas and Lucy Gordon, recently landed Cover Girl Cosmetics contracts, following in the footsteps of top models such as Niki Taylor and Rachel Hunter.

Sarah, 17, from Norwich was discovered two years ago while watching her brother play cricket. Her beauty tip is to drink lots of water to keep your skin clear and prevent it becoming dehydrated.

Sixteen-year-old Lucy Gordon was visiting the Clothes Show Live two years ago when she was spotted by Select Models. Although she has worked with top photographers such as Bruce Weber, Lucy is continuing her studies and the number of days away from the classroom on modelling assignments are strictly



Sarah Thomas

limited. Lucy's beauty tips are to always remove your make-up (with a good cleanser) before going to bed and make sure you get lots of sleep.



Lucy Gordon

## Product recall

Rhone-Poulenc Rorer says an error has occurred in the written dosage information of a single batch of Phenergan Elixir 100ml bottles such that a larger dose than recommended may be administered. This printed error appears on the carton label and patient information leaflet.

Check on your shelves to see if you have any stock of this particular batch: **LOT 7B357**. The LOT number is found on the top flap of the carton and again on the side of the bottle label.

# Making daily living easier.

**M**ost of us know someone who finds it a little difficult to cope with day to day tasks - like opening jars or picking things up off the floor. With an ageing population, arthritis, rheumatism and other disabilities and illnesses there are a growing number of people who need help around the house, garden and out and about.

## A folding walking stick from the Homecraft range



For further information contact Smith & Nephew  
Homecraft on **01623 759146**

**number of people who need help around the house, garden and out and about.**

Products for use in the kitchen include a range of knives designed to limit wrist strain, a tray that can be held with one hand and that has a non-slip mat and 'kettle tippers' to allow easy pouring without having to hold the weight of the kettle.

■ Bathroom products include 'Tap Turners' to make it easier to turn taps, long handled sponges and bath seats.



## The Twister Jar Opinion

There are 'Pick-up Reachers' to provide a useful helping hand and walking sticks - including folding versions that pop away in a bag when not in use. range of these products for pharmacies to stock and to display, so that customers become aware that these helpful products are available.



part of the **Learning Connection**  
Social Studies

For leisure time there are playing cards with large print, a needle threader for sewing, plus pen holders to make

The core range is supported by a catalogue with over 700 further products that you can order on behalf of customers.

## Fully photographic First Aid



Manual', published by Dorling Kindersley, has been produced to provide readers with up-to-date, comprehensive and accurate knowledge of First Aid techniques and procedures. The text has been completely revised, updated, expanded and all the changes in First Aid techniques have been incorporated, and for the first time ever the Manual is fully illustrated. The specially commissioned photography, supervised at every stage by the Voluntary Aid Societies, adds clarity to the publication.

The chapters have been colour-coded and the contents of the Manual are organised according to the severity of the condition so that relevant advice can be obtained quickly and smoothly.

The 'Voluntary Aid Societies' First Aid Manual' – the authorised manual of the St John Ambulance Association and the British Red Cross – is published in paperback, priced £9.99.

Five lucky OTC readers will be receiving a copy of the manual, courtesy of the publisher Dorling Kindersley. If you would like to have First Aid at your fingertips simply send your name and address to OTC/First Aid Offer, Miller Freeman Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW before June 23. The first five names out of the bag after this date will be the lucky winners.

**FREEBIE**



Congratulations to Margaret Mills of the Mall Pharmacy in Luton who has won £25 for her photo (above), taken in Southwold, Suffolk. You too could be a winner as each month we give away £25 to the best photo submitted by an assistant. So get snapping!

## Mavala manicures

Why not learn another skill that will complement your role as an assistant? Mavala, the nail care specialist, has been teaching manicure and pedicure at its school in Sevenoaks for the past five years. Courses range from a Professional Manicure diploma (two weeks or day release) to a Three Day Introductory Manicure Course and One Day Product Knowledge and Selling course. In addition, it is now possible to take NVQ Level 2 in Manicure and Pedicure. A full prospectus is available on request from Mavala on 01732 459412.

For an alarming number of people the only First Aid knowledge they have comes from old wives' tales, an outdated copy of a first aid manual, or even episodes of TV hospital dramas. Working in a pharmacy means OTC readers have a more informed background, but it is surprising how quickly we can forget the basics, particularly in an emergency situation.

The new (7th) edition of the 'Voluntary Aid Societies' First Aid

## More P to GSL switches on the way?

The Medicines Control Agency has proposed switching loperamide, miconazole and benzoyl peroxide to the General Sales List. In a consultation letter, the MCA proposes that these three drugs be safely supplied without either Prescription or Pharmacy control under certain conditions. The changes are expected to come into effect by September 30.

The proposed conditions are as follows:

### Loperamide hydrochloride

(Arrel, Diocalm Ultra, Imodium)

- Used for the symptomatic treatment of acute diarrhoea, in adults and children over 12
- Maximum strength 2mg per dose unit, with a maximum dose of 4mg and a maximum daily dose of 12mg
- Pack size limited to six x 2mg.

### Benzoyl peroxide

Maximum strength 2.5 per cent

- For external use for the treatment of spots and pimples on the face.

### Miconazole nitrate for topical use (Daktarin)

Maximum strength 2 per cent for cream or powder, and 0.16 per cent for spray powder

- For external use for the treatment of athlete's foot.

To allow Nicobrevin to be deregulated from P to GSL, it is proposed to amend the GSL order as follows:

- To list methyl valerate with a maximum strength of 100mg and a maximum dose of 200mg
- Quinine base to be listed with a maximum dose of 35mg
- Camphor's maximum dose to be increased from 10mg to 20mg.

Any comments on these proposals should be sent to Dugan Cummings, Medicines Control Agency, Room 1109a, Market Towers, 1 Nine Elms Lane, London SW8 5NQ by May 27.

## PHS focuses on Parkinson's Disease

Pharmacists and their staff have, for the first time, access to patient information leaflets on Parkinson's Disease, as part of the Pharmacy Healthcare Scheme.

Parkinson's Disease is a progressive disabling condition which affects movement including walking, talking and writing.

The leaflet 'Parkinson's disease – the facts' provides information on the disease, its symptoms and treatment. It has been sponsored by Smithkline Beecham and will be available in every hospital and retail pharmacy in the UK.

## Can't beat a cup of tea?



If you're looking for a pick-me-up, you'd be better off brewing up a cup of tea than buying a herbal drink, according to the Consumers Association.

A report in its magazine *Health Which?* evaluated some premium-priced herbal drinks such as Amé, Aqua Libra, Purdey's Gold High Energy and Aloe Ginseng.

Following its investigation the Association lodged complaints with trading standards authorities and the Advertising Standards Authority about several brands. It says many of the 'feel-good' claims which appear on the bottles are misleading and cannot be backed up with good quality evidence.

One brand, Purdey's Gold High Energy, is advertised as 'bottled rejuvenation' consisting of a 'formula of pep-you-up herbs and vitamins with a complex carbohydrate for a sustained energy boost'. In fact, the researchers found the drink to contain a 'hefty slug of glucose syrup', the equivalent of a Mars bar or ten teaspoons of sugar.

## Goodnight, sleep tight?

If you have problems sleeping you'll be pleased to hear about the latest initiative from the Royal College of Psychiatrists, which is publishing a programme of specialist techniques, usually available only in clinics, on audio tapes.

Insomnia probably affects most of us from time to time but is usually an occasional problem which disrupts sleep for a night or two and then resolves itself. However, for as many as one in five, it is so severe as to interfere with the person's work and quality of life.

On the tape, people with sleep problems describe the difficulty of coping with their jobs as a result of lack of sleep and how they have managed to deal with it. Sleep specialist professor Colin Espie suggests some do's and don'ts to help people sleep.

'Coping with Sleep problems', a double cassette, costs £13.99 (including p&p) and can be obtained from 'Talking Health', PO Box 1, Wirral L47 7DD or by phoning 0151 632 0662. (Cheques should be made payable to 'Talking Health'.)

**Pharmacy assistant Sarah Pooley recently won a weekend at Alton Towers, courtesy of Whitehall Laboratories, after completing her Cambridge Counterpart training course. Reporter John Plant finds out about the person behind the counter**

# With a little luck and a lot of hard work

"It was nerve wracking. I hate having my photograph taken, and I don't like being the centre of attention," says prize-winning pharmacy assistant, 21-year-old Sarah Pooley from Cranbrook, Kent.

As one of the 726 assistants who completed the *Chemist & Druggist's* Cambridge Counterpart training course and received a certificate from the College of Pharmacy Practice, Sarah was eligible for the prize draw, sponsored by Whitehall Laboratories. She describes winning the top prize of a weekend break for two at Alton Towers as one of her most memorable experiences in pharmacy to date and she intends visiting the theme park on June 16, her birthday.

Sarah does not even like funfair rides, but fortunately her fiance Chris loves them. While he's flying through the sky Sarah will be happy to keep her feet on firm ground as "I do like the gardens there," she concedes.

## Working life

Sarah's retail career started at the tender age of 11, when she used to help out at a local farm shop, near Cranbrook.

After obtaining a City and Guilds in sport and leisure management, after two years at Mid-Kent College in Maidstone, Sarah was unable to find a related placement and so she entered pharmacy life.

Sarah has been working at Hills Pharmacy in Cranbrook village, deep in the Kent countryside, for three years and what she most enjoys about her work are the customers. "It's very important to know people, especially your regular customers – it makes them feel appreciated. Sometimes it shocks people that you remember them from day to day, but they like it. They're more likely to come back if you treat them on a one to one basis," she says.

One aspect of her job that she doesn't like is seeing



**Sarah receiving her prize of a weekend break at Alton Towers from Whitehall Laboratories' Don Sibley**

customers get frustrated as a result of a problem she cannot deal with. For instance, when a product is not in stock and she does not know when it's coming in or why it's not there. "Luckily, this does not happen often."

Sarah is a firm believer in working with her colleagues as a team. "If I didn't know what I was doing, I wouldn't waste customers' time and I'd go and find somebody who could," she says.

Outside the workplace Sarah is also a team player – she is a member of the Sandhawks netball club in Maidstone and is an able darts player.

## Lucky star

Sarah must have been born under a lucky star because when it comes to competitions she is doing a lot better than the average.

Last year, she won 'Hills Golden Smile' award for which she received £50 worth of Marks & Spencers' vouchers. At the same time, in a separate competition, she received a Tyrozet's watch. Her winning streak didn't stop there, or at her for that matter. During the summer she entered a 'Mates' T-shirt competition on behalf of her assistant

friend, Jean, and won.

At the moment she has set her sights on bigger prizes. "I haven't won the lottery yet," she remarks regretfully.

However, she has been lucky in love – after a year-long engagement, Chris and Sarah plan to get married next year.

A country girl at heart, she would never live in London. "I cannot understand people's fascination with the city and how they cope with bomb scares and the like."

## Course completed

Sarah is fully convinced of the value of training. "I don't think that I could do the job without it. I'd feel embarrassed if I didn't know how to help customers. With training, I've learned to be more confident and where before I might have asked the pharmacist, often I can solve their problem myself. After doing the Counterpart course I now know subjects in a lot more detail."

It only took Sarah a month to complete the Cambridge Counterpart course. "If I'm given something, I like to get it out of the way because I'm slower than others when it comes to doing course work," she says. Although

the course took her away from other work in the pharmacy, she did not find it too time consuming. "I imagine someone just starting the job would take longer because they're not as familiar with the products," she reflected.

Sarah studied, on average, three modules per week during quiet moments at the counter, particularly on Saturday afternoons. "The course consists of 13 modules and a review module, covering topics from baby care to indigestion basically, everything in the shop," she says. "I liked the way the course explained itself all the way through."

She suggested that the topics be reviewed every so often because "so many new products come out all the time".

## Looking ahead

"Community pharmacies are here to stay," says Sarah. "You can't get rid of them in villages – you'd kill the communities. I can tell you the names of three people who'll come in tomorrow and sit on the chair in front of the counter and chat for ten minutes."

"The pharmacy is a meeting place. I don't think that any other village shop would be able to provide the same environment."

It's her opinion that the role of pharmacists and assistants is not likely to change dramatically in the near future, other than for the better, with improved service and greater knowledge.

Looking ahead, she would like to try her hand at managing a shop, but for now, she is happy where she is. "I love this job. It's worth getting up in the morning to go to. You never know who's going to come in."

And her advice to any assistants who are thinking of starting the Cambridge Counterpart? "Definitely do it. You can gain so much from it" – and not just a weekend for two at Alton Towers!

Diflucan One is going down even better right now.

Capturing over a third of the OTC vaginal thrush sector, it is clearly the brand leader in £ sales in a market that has doubled in size<sup>1</sup> since Diflucan One launched in November 1995.

To make sure sales keep going strong, we're stepping up the ad spend to £2 million in 1997 on TV and Press.

Compelling advertising that will tell thrush sufferers everywhere what they want to hear.

That Diflucan One is convenience itself: one pill, swallowed with a glass of water, is the complete course.

And that Diflucan One works. On average, women experience relief from thrush symptoms in one day and complete relief after just two days.<sup>2</sup>

Everything points to the fact that while we're busy driving sales down, you'll be busy piling profits up.

#### JUST THE ONE FOR TREATING THRUSH



Contains fluconazole



Nov 95 launch

We're con  
£2 million  
will contin  
drive sales

dent  
n advertising  
e to  
own.

Dec 96  
34.1% £ share

# Is it a bird? No it's a pain

**Wider availability of effective anti-fungals means that sufferers of fungal infections are more likely to make the pharmacy their first port of call.**

**Consultant pharmacist Mary Allen takes us through the presentations and treatments of the more common forms**

Here's a true story. A few years ago, another pharmacist and myself were sitting down waiting to go into an important meeting. She commented that I looked tired and I replied "Yes, I've not slept very well the last few nights. I go off OK, then this wretched thrush wakes me and I can't get back to sleep." "Can't you get something for it?" she asked. "Like what?" I said. "Well, you're a pharmacist – pessaries or..." "And what exactly do you suggest I do with them?" I asked. "Catapult the bird?"

The 'thrush' in question was one of the leathered variety rather than the infection. It sat on the roof immediately above our bedroom window and sang its heart out at dawn. The only connection between the two, apart from keeping people awake at night, is the speckled appearance of both. With the infectious variety, the speckles are caused by white deposits or plaques on the vaginal tissue.

## Vaginal thrush

Most vaginal thrush is caused by a yeast organism called *Candida albicans*. A yeast is a type of fungal organism, and the *Candida* organism lives naturally in humans in the mouth, gut and skin. It doesn't usually cause any problems because various body factors keep it in check. If one of the factors is altered for any reason then the yeast starts to multiply

and this is when it can cause symptoms.

One factor keeping *Candida* at bay is the presence on the body surface of 'friendly' bacteria which

compete with the yeast and make sure it doesn't multiply out of hand. Antibiotics can sometimes cause thrush by killing the friendly bacteria as well as the harmful bacteria for which they were intended, so the *Candida* has the chance to break out!

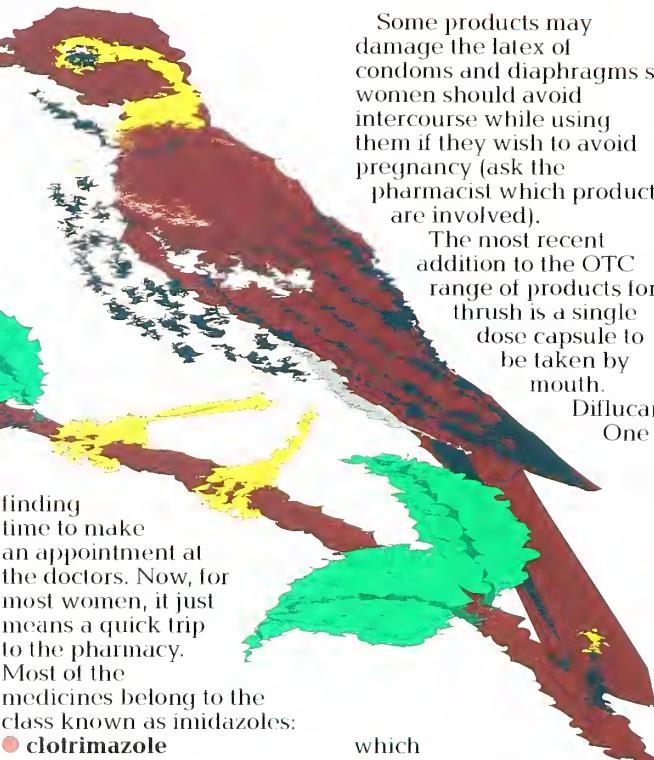
Hormonal changes, too, can alter the balance by changing the conditions in the vagina, by increasing the amount of glycogen (a source of sugar) present (*Candida* loves sugar). This can happen just before a period, during pregnancy or by the contraceptive pill. When women are run down their natural immunity may be reduced, so this can leave them vulnerable.

Women with poorly controlled diabetes are also vulnerable. Wearing tight underclothes and trousers, or tights, can cause an attack, as can the use of some chemicals – vaginal deodorants and disinfectants are common culprits. Some women may react to bath and shower products.

The most frequent symptom of thrush is an intense itching. There may be some external (vulval) redness and swelling and sometimes it may hurt when the sufferer passes urine, which trickles over the irritated parts of the vulva. The itching is usually, but not always, accompanied by a thick white discharge.

## OTC treatment

The good news is that there is now a wide range of over the counter anti-fungal products to treat thrush. Until recently, these were only available on prescription, which meant



Some products may damage the latex of condoms and diaphragms so women should avoid intercourse while using them if they wish to avoid pregnancy (ask the pharmacist which products are involved).

The most recent addition to the OTC range of products for thrush is a single dose capsule to be taken by mouth.

**Diflucan One**

which contains fluconazole, can be taken at any time (with water). For most women, symptoms start to improve within one day and complete relief comes within two days.

Women can adopt various measures to help recovery and prevent recurrence – see box below. Some women resort to the use of live

## Self-help for thrush

- Wear cotton pants and avoid tight jeans and tights. *Candida* loves warm moist places
- Avoid perfumed bath and shower gels and soaps, and vaginal deodorants which can affect the acidity in the vagina
- Always wipe from front to back after going to the loo, to prevent infection being transferred from the gut
- Use sanitary towels instead of tampons, especially when flow is light
- Avoid damage to the vaginal and vulval surfaces – use a lubricant such as KY Jelly or Replens where there is vaginal dryness
- Vitamin B complex tablets and live yoghurt are thought to be useful if taken while women are on some types of antibiotics, such as penicillins

**Continued on p32 ▶**

Having a

90% market share

would satisfy

most companies.

But at Canesten

we're not content

with having

the best selling

thrush treatment.

That's why we're

spending

£2 million on a

new advertising

campaign for

Canesten Combi.

So it won't

be just the fastest

treatment for

thrush, it will be

the fastest selling

one too.

Canesten®

**Abridged Prescribing Information** **Presentation:** One Canesten 1 pessary (containing 500mg clotrimazole BP) plus a 20g tube of Canesten 1% cream (containing 1.0% clotrimazole BP). **Uses** Pessary for *candidal* vaginitis. Cream for associated vulvitis and to treat the sexual partner to prevent reinfection. **Dosage and Administration** **Adults** The pessary should be inserted intravaginally, preferably at night, using the applicator provided. The cream should be applied night and morning to the vulva and surrounding area and/or to the partner's penis to prevent reinfection. **Children** Paediatric usage is not recommended. **Contra-indications** Hypersensitivity to clotrimazole. **Warnings and Precautions** Medical advice should be sought if this is the first time the patient has experienced symptoms of candidal vaginitis. Before use, medical advice must be sought if any of the following are applicable: More than two infections of candidal vaginitis in the last six months, previous history of a sexually transmitted disease or exposure to partner with sexually transmitted disease, pregnancy or suspected pregnancy, aged under 16 or over 60 years, known hypersensitivity to imidazoles or other vaginal anti-fungal products. Do not use if the patient has any of the following symptoms, whereupon medical advice should be sought: Irregular vaginal bleeding, abnormal vaginal bleeding or a blood-stained discharge, vulval or vaginal ulcers, blisters or sores, lower abdominal pain or dysuria; any adverse events such as redness, irritation or swelling associated with the treatment, fever or chills, nausea or vomiting, diarrhoea or foul smelling vaginal discharge. If no improvement in symptoms is seen after seven days, the patient should consult their doctor. **Side-effects** Rarely local mild burning or irritation immediately after use. Hypersensitivity reactions may occur. **Use in Pregnancy** Only when considered necessary by the clinician. If used during pregnancy, extra care should be taken when using the applicator to prevent the possibility of mechanical trauma. **Legal Category** P. **Package Quantities and Basic NHS Cost** 1 x 500mg pessary packed in foil, plus a 20g tube of Canesten 1% cream. An applicator for the pessary is included. £4.25 **Product Licence Numbers** Cream 1 - 0010/0016R, 500mg Pessary 0010/0083 **Further information available from** Bayer plc, Pharmaceutical Division, Bayer House, Strawberry Hill, Newbury, Berkshire RG14 1JA Telephone (01635) 553000 **Date of Preparation** July 1995 **Bayer plc** May 1997

yoghurt applied directly to the area (or sometimes via a tampon) and others have reported finding relief from vinegar, sodium bicarbonate or salt added to bath water – however, these should not really be recommended as treatment is quick, easy and effective with the imidazole medicines.

The imidazoles are thought to work by affecting the ability of the yeast cell to manufacture certain chemicals. This in turn alters the cell membrane and affects the way in which the cell wall is made, resulting in death of the cell. They work best at higher pH values (non-acidic) – so it isn't a good idea to use the old-fashioned remedies such as vinegar at the same time, as this may reduce the activity of the imidazole.

### Referrals

There are some circumstances in which you must not sell thrush treatments, so refer customers to the pharmacist if they fall into any of the categories outlined in the box below. Your pharmacist will need to decide if the customer should see their doctor – and in some instances they **must** refer them.

Such patients include first time sufferers – it's important for a doctor to check whether the problem is, in fact, thrush and whether there is any predisposing factor which needs treating.

### Oral problems

Thrush can also occur in the mouth. Again, the most frequent cause is *Candida albicans*. The most usual sufferers are babies and the elderly, especially those with dentures, and in smokers. You or the pharmacist could

#### Refer to the pharmacist anyone who:

- is a first time sufferer
- has had more than two attacks in the last six months
- is pregnant or breastfeeding
- is over 60 or under 16 years
- has had a sexually transmitted disease in the past
- has diabetes
- reports a foul smelling discharge, or abnormal bleeding
- is taking any other medicines
- in whom a recent thrush treatment hasn't worked
- who has abdominal pain or pain on passing urine



To prevent re-infection, partners should be treated

use the opportunity to persuade the sufferer to give up smoking or to visit the dentist to make sure that dentures are fitting properly.

Symptoms include the presence of white deposits on the mouth and tongue, sometimes with soreness, burning on eating and a dry mouth. It may follow treatment with antibiotics or steroids. People who use steroid inhalers for asthma may be prone to oral thrush – rinsing the mouth with water after using the inhaler will help to reduce this problem. The patient should use the inhaler correctly so that the steroid is inhaled into the lungs, so refer patients to the pharmacist to ensure correct use. Customers with oral thrush should be referred to the pharmacist. Antifungal treatments for oral thrush are, as yet, still available only on prescription.

### Athlete's foot

Fungal infections affect other parts of the body too, particularly the warm and moist bits. Around 50 per cent of the population suffer at some stage in their lives with athlete's foot.

It usually occurs between the toes causing skin to become white and sodden – like blotting paper. They reddens the surrounding area, and skin will peel and feel itchy. Affected nails will be thickened and crumbly. The fungus may also cause red pinprick-like eruptions on the arch of the foot, or itchy thickening and splitting of the skin on the heel area. It is often picked up from

swimming pools and athletic changing room floors.

### Stamp it out

Again, the imidazoles come to the rescue. Suitable products include Canesten AF, Daktarin, Ecostatin, Masnoderm, Mycil Gold, Pevaryl and Trosyl, so there's plenty to choose from!

The products come as creams, sprays and powders – a good approach is to use a powder in socks and shoes, and a cream, lotion or spray on the skin.

Older treatments for athlete's foot contain agents such as salicylic acid, which shear off infected skin thus removing the infection. (One new product containing these older agents is Topedo cream).

To ensure that treatment is successful, you must give correct advice on product use together with advice on hygiene measures (see box). Infection may be present in the skin up to two inches away from the itchy area. The customer must apply the product to a wide surrounding area of healthy looking skin, as well as the itchy area itself, for two weeks after the rash has disappeared, to make sure that the fungal spores are completely dead.

### Ringworm

Ringworm used to be akin to the plague – I remember a boy in my class at school getting it and we all shunned him like a leper. We were all warned generally to keep away from farm gates and the like – presumably because it can

### Advice for customers with athlete's foot:

- Wash the feet twice daily, drying thoroughly
- Don't share towels apply the treatment to a wide area around the itchy patch to ensure spores are killed
- Continue treatment for two weeks after the rash goes
- Wear cotton socks and leather shoes – avoid synthetics
- Don't wear the same pair of shoes for more than one day at a time, and sprinkle with antifungal powder even when not in use
- Wash socks and tights in hot water to kill spores lurking in the fabric (better than cool temperature washes)
- Don't walk barefoot in changing rooms

be caught from farm animals and pets.

This fungal infection appears as red, itchy, round patches, sometimes with scaling. It can occur on the head where it may result in temporary hair loss. As it can be difficult to distinguish from some other skin conditions, refer customers to the pharmacist. Unlike in the 'olden days' of my childhood, ringworm usually clears quickly if treated with an antifungal cream such as Daktarin or Canesten. It can quite easily spread so sufferers should avoid close contact with others and shouldn't share towels.

### Problem areas

Other parts of the body which may be affected by fungal infections include the groin area, especially in men where it causes an itchy rash often referred to as 'Jock Itch' or 'Dhobi Itch' (which I think dates back to the days of the British Empire where travellers to hotter Asian countries tended to get hot and sticky). Treatment with an antifungal cream should be recommended.

Obese women may develop similar infections under their breasts, and in babies, fungal infections may cause some nappy rashes. Always refer these customers to the pharmacist.

### Be sensitive

Remember that many of these fungal conditions may cause embarrassment so always treat customers sensitively. With a good knowledge of the OTC antifungal products and self-help measures you can give your customers a first class service.



# No 1 for hayfever eyes



Opticrom Allergy Eye Drops are your pharmacy brand leader with over 71%\* of the sodium cromoglycate hayfever eye treatment market. In fact, Opticrom has led the way since launch, echoing the success of the original Rx brand.

This season Opticrom means even more business, with a massive campaign featuring radio and national press advertising, plus eyecatching point-of-sale support to help keep sales on top.

For orders and point-of-sale materials call 0990 133347, or contact your Fisons representative. When you stock and recommend Opticrom Allergy Eye Drops, you're opening your eyes to success.

**Opticrom®**  
ALLERGY EYE DROPS

**Soothing relief for itchy hayfever eyes**

**Product Information:** Opticrom Allergy Eye Drops: Solution containing sodium cromoglycate 2.0% w/v with benzalkonium chloride, disodium edetate, purified water. **Use:** For treatment of itchy, watery or inflamed eyes caused by seasonal allergic conjunctivitis. **Contraindications:** Hypersensitivity to any of the ingredients. **Precautions:** Do not use whilst wearing soft contact lenses. Caution should be exercised during the first trimester of pregnancy. Discard any remaining contents four weeks after opening the bottle. **Warnings:** If patients suffer from allergic eyes for more than 3 months of the year, they should see a doctor or pharmacist. This product should not be used continuously for more than 3 months without the advice of a doctor. **Dosage:** 1 or 2 drops into each eye 4 times daily. **Side effects:** Transient burning, stinging and blurring of vision. **Packaging quantities:** 5ml and 10ml bottles. **RSP:** £3.25 for 5ml and £4.35 for 10ml. **Legal category:** P. **Product licence number:** 0113/0161. **Licence holder:** Rhône-Poulenc Rorer. **Address:** Kings Hill Avenue, West Malling, Kent ME19 4AH. Opticrom is a registered trademark of Fisons plc. Date of preparation: March 1997. **KT/OPT/196/97** **• Nichek IJA 961**

# Does 'atchoo' mean summer to you?



If you're one of the millions of people who suffer from hayfever, the first signs of summer are more likely to see you sneezing than smiling. Community pharmacist Jeremy Clitherow FRPharmS MBE, from Knotty Ash in Liverpool, talks us through this allergic condition and its treatment

"Good bordig," says the customer on the other side of the counter. Bordig? Is that Norwegian or Swedish, you ask yourself. The answer is neither, of course. Your customer has all the textbook symptoms of hayfever. He or she has the stuffed-up sinuses, the itchy red eyes, the runny nose and the sneezes we all associate with hayfever.

Exactly why this disease is called hayfever is a mystery. There's no fever and the main culprit is usually pollen, not hay.

It's not a new condition. The first references to it appear in the medical literature of mid-1500s and by the mid-1800s it was an everyday term. In modern pharmacy, we know the

condition as allergic rhinitis; allergic because it is a reaction triggered by an allergen, and rhinitis from rhin- meaning the nose and -itis meaning inflammation of. However, if the patients want to call it hayfever, so be it. The customer has always been right.

## Diagnosis

Correct diagnosis is important and we must be sure to eliminate the possibility that these symptoms across the counter could be caused by something other than an allergy, such as an infection.

There is one simple acid test. "Do you have a temperature?" You know that a raised temperature is diagnostic of an infection,

and, if the customer doesn't have a thermometer, they will have by the time you have finished serving them! "No household should be without one," you say, quite rightly. If the answer is "Yes, I do have a temperature", it means a trip to the GP. The doctor will probably prescribe an antibiotic, but that is their province, not ours. Other medical conditions for you to rule out would include infected sinuses, the common cold and, of course, flu. It is almost a case of confirming the diagnosis of hayfever by exception.

## Common culprits

Hayfever affects some 15 per cent of the population, more men than women, and usually starts in teenage

years, just in time for some of the most stressful exams of our lives.

The way hayfever develops is a fascinating story. No one is born with it. You develop it by becoming sensitised to pollen. The most common culprit is grass pollen, but also implicated are trees, crops and virtually everything which produces pollen.

It is worth remembering that a single flower can produce thousands of pollen grains. Hence, avoidance is the best option. If you know it is going to be a high pollen day, stay indoors, if possible. If you have to go out, keep the windows of the car closed, avoid undue

Continued on p18 ▶

# Fight back

against hayfever

Double action

**Zirtek**™  
contains cetirizine

**Prescribing Information:**

Each white, oblong, scored, film-coated tablet engraved Y/Y contains 10 mg cetirizine dihydrochloride. **USES:** Treatment of seasonal and perennial rhinitis and chronic idiopathic urticaria. **DOSAGE AND ADMINISTRATION:** Adults and children aged 12 years and over: One 10 mg tablet daily. In renal insufficiency halve the dose to 5 mg (1/2 tablet) daily. **CONTRAINDICATIONS:** Hypersensitivity to constituents. Avoid use in pregnancy and lactation. **PRECAUTIONS:** Do not exceed recommended dose, particularly if driving or operating machinery. **DRUG INTERACTIONS:** To date there are no known interactions with other drugs. As with other antihistamines avoid excessive alcohol consumption. **SIDE EFFECTS:** Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort have been reported. **PACKING, PRICE:** Pack of 7 tablets = £3.95. **LEGAL CATEGORY:** P.

**PRODUCT LICENCE NUMBER:** 5221/0001 **PRODUCT LICENCE HOLDER:** UCB SA Pharmaceutical Sector, Avenue Louise, B-1050, Brussels, Belgium. **MARKETED BY:** UCB Pharma Limited, Watford, Herts, WD1 1DJ **DATE OF PREPARATION:** February 1997



**For further information please contact:**

UCB Pharma Limited,  
Star House, 69 Clarendon Road, Watford, Herts, WD1 1DJ  
Telephone: (01923) 211811 Fax: (01923) 229002

exposure – don't go walking through the fields – wear sunglasses and avoid the peak pollen times occurring at mid-morning and late afternoon.

### The cascade effect

The science behind hayfever is fascinating, too, acting in exactly the opposite way to vaccination. A vaccine artificially triggers the body's immune system to produce antibodies to a germ, thus conferring immunity against the disease that germ produces. In the case of hayfever sufferers, after the initial exposure and sensitisation, the pollen grains trigger a cascade effect of symptoms and reactions.

The cascade usually starts with the mast cells in the nasal passages, which are an important element of the body's defence mechanism, helping to destroy any invading foreign material which penetrates its outer defenses. When the mast cells make contact with the specific allergen – the entity to which they are sensitive – they degranulate and release copious quantities of histamine and other chemical mediators.

It is this histamine which produces the itching, sneezing and other characteristic inflammatory and hypersensitivity symptoms of hayfever. Therein lies the treatment for the condition. You can either stop the mast cells degranulating or inactivate the histamine.

### Antihistamines

The traditional remedy was an antihistamine tablet. The original formulations worked well, but they had their disadvantages. They tended to produce drowsiness and some interacted badly with alcohol. In

consequence, we always used to give the advice not to drive a car or operate machinery if you are affected in that way. Nevertheless, these older, traditional products are still purchased by a large number of customers and prescribers, too.

- Examples of older antihistamines include chlorpheniramine, brompheniramine and promethazine. Check what products on your shelves include these active ingredients.

There is one curious property of the more sedative older generation antihistamines. In normal doses, they induce a state of sleepiness. In large doses, however, the amphetamine-like structure of the antihistamine molecule is able to latch onto the appropriate receptors in the brain and produces an amphetamine type of stimulation.

Do bear this in mind when you sell certain of the antihistamine-based sleeping tablets. Could it be that your customer is not really buying the preparation for the purpose it was manufactured? If you are in doubt, ask your pharmacist. Now that you have brought it to their attention, it may be necessary to amend your shop medicine sales protocol if there is a problem in your locality.

We have seen the demise of many brands of nasal decongestant drops and

sprays



because of the rebound congestion they caused. Traditional steam inhalations have also fallen into disuse. Admittedly, they are soothing, but they do nothing to stop the release of histamine and the symptoms it causes.

### The new generation

The newer formulations, the so-called second generation antihistamines, have many advantages over their predecessors.

- Examples of newer antihistamines include astemizole, terfenadine, loratadine and cetirizine. What branded products do you stock in your pharmacy which contain these drugs?

Because these new compounds do not cross the blood/brain barrier, they are, for practical purposes, non-sedative and do not interact with alcohol. However, there have been concerns about the safety of terfenadine and astemizole when used by certain patients and it seems likely terfenadine will soon be a Prescription-only product (see p20).

Terfenadine can interact with the antibiotic erythromycin and the antifungal ketoconazole. It has also been linked with heartbeat irregularities at higher doses. Another problem is that drinking grapefruit juice can also interfere with the breakdown of terfenadine, leading to increased plasma levels of the drug after normal doses.

Community pharmacy has also suffered from the close media attention focused on sales of terfenadine. In a series of test purchases by agents acting for a consumer television programme, many of the very necessary questions were allegedly not asked

**SNIFF** – if you believe the reports. In consequence, the Royal Pharmaceutical Society has reviewed its protocol on

sales of medicines and almost reclassified the second generation antihistamines.

Despite all this, these second generation medicines are still very effective treatments for histamine-induced

reactions in suitable patients.

### Management plan

So, what are we going to recommend to our customers? Although we can't cure the condition, we can certainly help the sufferer manage it.

The mainstays of your management programme are going to be:

- giving your patient a greater awareness of the mechanism of hayfever
- practical advice on how to avoid the allergen
- symptomatic relief.

As it only takes about one minute from the unwitting inhalation of pollen to a full-blown cascade reaction, you are always going to be asked for something for immediate symptomatic relief.

Patients will always have their own favourites and swear by them. That is fair enough, but they often deny themselves access to the more modern and effective remedies if they stick to what their mums used to use. That is where you come into the picture.

The variability of onset of action between products in this class makes some better for immediate relief of symptoms and others better for regular use.

We can classify our hayfever armoury into five major groups:

- the original antihistamines
- the second generation antihistamines
- nasal decongestants
- steroids
- sodium cromoglycate.

The last two, steroids and sodium cromoglycate, could be described as 'preventers', rather like asthma treatments. They actually stop the symptoms developing by interfering with the cascade mechanism. Even today, we do not completely understand how sodium cromoglycate works, but it does, and it is often the first choice for children. It is also remarkably free from any side-effects.

The steroid used in the management of hayfever – beclomethasone found in Beconase Hayfever – is a topical anti-inflammatory steroid and not one of the body-building anabolic varieties, so frequently misused by would-be athletes. It is important that patients understand this difference, otherwise they are likely to reject an

Continued on p20 ►

£2M  
PRESS, POSTER  
AND REGIONAL  
TV CAMPAIGN



Get hayfever sufferers back to normal

Sufferers can't buy a faster, more effective treatment. Clarityn Allergy's threefold action<sup>1,2,3</sup> relieves the eye, nose and throat symptoms of hayfever within minutes.<sup>4</sup> What's more, Clarityn Allergy won't make them drowsy<sup>5</sup> or interact with alcohol.<sup>6</sup>

Even more important is the fact that you can't recommend a safer antihistamine. Clarityn Allergy does not have the cardiotoxicity associated with terfenadine or astemizole,<sup>7</sup> and can be recommended with confidence.<sup>8</sup>

With this reassuring safety profile, it'll come as no surprise that Clarityn Allergy Syrup is now available OTC for children as young as two years old.

**Clarityn Allergy – you can't recommend a safer antihistamine**

**Abbreviated product information**

**Clarityn Allergy** Clarityn Allergy tablets contain 10mg loratadine. Clarityn Allergy Syrup contains 5mg loratadine per 5ml. *Indications:* For the relief of symptoms associated with hayfever, perennial allergic rhinitis and idiopathic chronic urticaria. *Children aged 2 to 12 years:* For the symptomatic treatment of hayfever and allergic skin conditions such as urticaria. *Dosage:* Adults and children aged 12 and over: one tablet once daily or 5ml spoons of syrup once daily. *Children aged 2 to 12 years:* Bodyweight <30kg – one 5ml spoon of syrup once daily. Bodyweight >30kg – two 5ml spoons of syrup once daily. *Cont'd-Indications, precautions:* Hypersensitivity, pregnancy and lactation. Use in children under 2 years. *Side effects:* Rarely, fatigue, nausea and headache, alopecia, anaphylaxis, abnormal hepatic function, supraventricular tachyarrhythmias. Tachycardia and syncope have also been reported rarely although causal relationship has not been established. Concomitant administration of drugs which inhibit P450 3A4 and 2D6 metabolic pathways may result in elevated plasma levels of loratadine or the concomitant medication. *Pack size:* Cartons of 7 tablets. Bottles of 50ml Syrup. *Retail price:* Tablets £4.25; Syrup £6.99. *Legal category:* P. *Product licence number:* Tablets 0201.0175; Syrup 0201/0173. *Product licence holder:* Schering-Plough Ltd, Shire Park, Welwyn Garden City AL7 1TW. *Date of revision:* January 1997. *References:* 1. Barnett A. *et al.*, Agents Actions, 1984; 14: 590-597. 2. Staquet M.J. *et al.*, Amer. Acad. All. Immunol., 1995; in press: Abstract. 3. Dugas B. *et al.*, J. All. Clin. Immunol., 1994; 93: Abstract. 4. Soto Roman L. *Today's Ther. Trends* 1988; 6: 19-27. 5. Betts T. *et al.*, Proc. XIII Int. Congr. Allergol., and Clin. Immunol., Montreux 1988; 74-79. 6. Moser L. *et al.*, Eur. Acad. of Allerol. and Clin. Immunol., Budapest, May 1986, Abstract. 7. Botstein P., Am. J. Cardiol. 1993, 72: 50B-Z. 8. Hana *et al.*, Drugs 1994; 48(4): 617-637.



effective treatment on the grounds that it is too 'dangerous'.

Topical steroids stop the localised swelling in the airways and eyes and also prevent the triggering of the cascade reaction.

Rhone-Poulenc Rorer has just brought out Nasocort, a new steroid nasal spray – on prescription for the time being – with a novel thixotropic formulation. In practice, it means that the nasal drops are runny in the bottle and when sprayed but once they come into contact with the nasal membranes the fluid becomes sticky. This allows the active ingredient to stay in the nose where it is needed unlike the traditional formulae which tend to run out.

Azelastine, now available over the counter as Rhinolast

Hayfever, is the first antihistamine to be presented in a nasal spray. It is said to be less effective than a topical steroid but probably more effective than sodium cromoglycate.

### Bunged-up?

Antihistamines are effective in combating the sneezing, drippy nose and itchy red eye symptoms of hayfever but are less successful with the associated congestion many people suffer. Nasal decongestants are available in oral or topical presentations.

● **Oral decongestants** have a large following despite their adverse medical press reports. They must be used with caution because of their multiple interactions. They are contra-indicated for patients with high blood pressure, diabetes and heart disease and extra vigilance

is needed to make sure that any other remedy does not duplicate the antihistamine many of them also contain. Drowsiness and impaired driving ability are other factors to take into account.

**What is the decongestant in the following products?**

1. Actifed Tablets and Syrup
2. Aller-eze Plus
3. Dimotapp LA Tablets
4. Dristan Tablets
5. Haymine
6. Triominic

● **Topical nasal decongestants** come in the form of drops and sprays. Their advantages are that they are handy to use and produce no systemic effects, but they can produce a rebound congestion after prolonged use.

Xylometazoline and oxymetazoline are the two most common topical decongestants.

**Check which one is found in the following brands:**

1. Dristan Spray
2. Otrivine-Antistin
3. Otrivine Nasal Spray
4. Resiston One Nasal Spray
5. Rynacrom Compound.

### In summary

As a group, all antihistamines are effective treatments and many have stood the test of time. The older preparations vary in their sedative activity and their duration of action. Be aware that they can react badly with alcohol and may severely impair driving abilities.

Although the newer antihistamines have virtually

### Did you know?

● Bright scented flowers are unlikely to cause hayfever, although some hayfever sufferers are unaware of this and mistakenly develop 'florophobia', a fear of flowers. It's more self-effacing plants, such as grass, that cause the most problems

● The plant world's champion pollen products producer is the giant ragweed, which can produce 8,000 million grains of pollen in just five hours

● The total hayfever market is estimated to be worth in the region of £28 million and is expected to grow by 10 per cent this year

● Unusually high temperatures in March have hastened the production of birch tree pollen, particularly in southern England and the Midlands. As a result, the birch pollen season – which affects up to 20 per cent of the population – is at least three weeks early this year

no sedative action or interaction with alcohol, they may interact with prescribed medication and most pharmacists will prefer to become involved in the sale of these products.

Creating a window display or a promotion on a hayfever theme is a good way of prompting customers to ask for more information, highlighting new products and generally helping hayfever sufferers to manage their condition more effectively. Why not tie it in with the UK's first Allergy Week which runs from June 16-20?

**Recent scare stories in the papers regarding the safety of the antihistamine terfenadine have probably resulted in large numbers of hayfever sufferers besieging your pharmacy for advice and information.**

Many newspapers have focused on the apparent contradiction where the Medicines Control Agency has proposed making terfenadine a Prescription-Only medicine but leaving the product on shelf for this hayfever season. As a result it will be the responsibility of pharmacists and their staff to ensure this situation is handled sensitively and that the patients receive the most effective and appropriate hayfever treatment.

Although terfenadine, the active ingredient of products such as Aller-eze Clear, Seldane, Triludan and Triludan Forte, is safe for use in most hayfever sufferers, there have been 14 deaths and 19 reports of serious heart rhythm changes associated with the drug since it was licensed in 1982. More recently it was discovered that grapefruit juice could interfere with the breakdown of terfenadine resulting in excessively high blood levels of the drug which again could cause cardiac problems.

Terfenadine should not be used by patients with heart or liver problems, or at the same time as erythromycin, clarithromycin or related macrolide antibiotics, ketoconazole, itraconazole or related imidazole anti-fungals.

As a result of the MCA proposal, the Royal Pharmaceutical Society has issued the following warning to pharmacists:

- keep terfenadine-containing medicines in the dispensary
- ensure every request for a terfenadine product is dealt with personally by a pharmacist
- provide every person to whom it is appropriate a terfenadine preparation with a copy of the 'information to patients leaflet' supplied by the Committee on Safety of Medicines.

Alternative non-sedating antihistamines which are available without a prescription are astemizole (Hismanal); cetirizine (Zirtek) and loratadine (Claritin). However, it should be kept in mind that astemizole also has the potential to produce serious cardiac arrhythmias in certain circumstances. At present there is insufficient evidence to justify changing the prescription status of astemizole but this is being kept under close review by the Committee on Safety of Medicines.

In the US, the Food and Drug Administration is considering a ban on terfenadine, and it has already been banned in France, Greece and Luxembourg.

*"***My poor friend Stanley has many different allergies."***"*



*"***He needs Piriton."***"*

This shouldn't take long... just like Piriton. Piriton provides effective relief from *any* anti-histamine responsive allergy, *any* time of year, and don't forget, Piriton Syrup is also suitable for anyone over the age of one. We'll be advertising Piriton everywhere soon, so shouldn't it be on your shelf? Piriton has a well-proven safety profile, good efficacy and a heritage to be proud of - all at a very cost competitive price - recommend a classic, recommend Piriton.

**A classic for all the family**

CHLORPHENIRAMINE  
MALEATE

**PIRITON**<sup>TM</sup>  
*for allergies*



## If you're going abroad this summer, make sure you are well prepared. Ideally, as *Travel Doctor* explains, you should start thinking about holiday health three months before your trip to avoid a last minute rush

### *Travel Doctor*

Check which vaccinations you need for your destination. Since the requirements can change from month to month, make sure you are given the latest advice. You should be up-to-date with immunisations if you are travelling outside Europe, as diseases such as diphtheria, tetanus and polio are still prevalent in countries with poor medical care. Most other vaccinations are recommended if you are travelling through certain areas, but are not considered essential; however, yellow fever vaccination is a requirement for entry to several countries.

Plan your vaccination schedule well in advance, as not all vaccines can be given together and some take time to provide complete protection. Immunisation against hepatitis B, for example, can take six months to be fully effective.

Although most vaccinations are available from a GP, few are covered by the NHS, so be prepared to pay for them. Yellow fever vaccination is only available from registered centres. Make sure you are given a certificate to prove you have had the necessary vaccinations and keep it with your passport.

### *Medical insurance*

Arrange medical insurance, as travelling without it could have dire consequences. Form E111 (available from any post office) entitles you to medical care in most EC countries. Although some procedures are free, you may have to pay for non-emergency treatment.

Each insurance policy differs, so choose one with care and make sure you are covered for all the countries you intend to visit. Read the small print to find out how extensive the coverage is – dangerous sports such as scuba diving are not always included. Check whether you are entitled to medical aid if you have a pre-existing medical condition.

### *I need to go*

Have a medical check-up if you suffer from a chronic condition such as diabetes. If you are pregnant, your doctor may have to confirm your expected due date as some airlines refuse to fly women more than 32 weeks pregnant.

Visit your dentist if you're prone to dental problems or if you plan to be away for a long time. Treatment at your destination may be difficult to obtain.

If you are on regular medication, make sure you have adequate supplies, as some drugs are not always readily available abroad. If you are visiting a different time zone, check with the pharmacist when you should take your medicines, as timing the doses correctly is often crucial.

There are restrictions on taking certain prescription drugs in and out of the country. You may need a letter from your doctor if you are taking sleeping tablets, tranquillisers or opioid painkillers. Make a note of the drugs you are taking – their generic and brand names – and



keep them securely packed and properly labelled.

#### Travel sickness

Start taking anti-malarials if you intend to visit an endemic zone. Malaria is a major problem worldwide, especially in Africa, South and Central America and Asia. Starting the drugs a week or more before the holiday ensures that they are fully effective by the time you get there and gives your body a chance to adapt to them.

Anti-malarials are no longer prescribed on the NHS and the cost varies according to the type of drug you require and your length of stay. In some countries, the malaria parasite has become resistant to commonly-used anti-malarials, so you may need supplies of more than one drug if you are visiting different areas. If you are worried about taking mefloquine (Lariam) after last year's scare stories, speak to your GP to find out if there is an effective alternative for that destination.

#### Travel sickness

If you're prone to travel sickness, don't eat a heavy meal before setting off. Most OTC travel sickness remedies need to be taken the night before a long journey and a few hours before a short one; they are of little use once the symptoms have started. Read the instructions carefully, as some remedies can cause drowsiness which can affect driving skills.

Arrive at the airport in good time to give yourself a chance to relax before take off, as jet lag will hit you

#### First aid essentials

A well-stocked first aid kit is a must if you are travelling far afield. In particular, don't forget:

- plasters, sterile dressings
- cotton wool
- scissors, tweezers and sticky tape
- an antiseptic cream
- a high-factor suncream
- calamine lotion
- an insect repellent
- a travel sickness remedy
- anti-histamines
- hydrocortisone cream
- analgesic tablets
- anti-diarrhoeal tablets
- oral rehydration sachets
- water-purifying tablets
- a ready-made syringe kit
- a dental repair kit

harder if you are tired or stressed. Drink plenty of water during the flight and avoid alcohol. As soon as you arrive at your destination adjust to the local time by eating and sleeping at their hours.

#### Travel sickness

Getting ill on holiday can often be avoided. Watch what you eat and drink to prevent an upset tummy. In particular, avoid salads, open buffets and shellfish, and make sure the food is properly cooked. If you are in doubt about the local water supply, boil it, sterilise it or buy bottled water. Water-purifying tablets are easy to use, but most do not work immediately.

If you do suffer from diarrhoea while abroad, make sure you drink plenty of fluids and use oral rehydration sachets. Anti-diarrhoeals are effective but are only recommended for short periods.

Anti-malarials don't provide 100 per cent protection, so take precautions to avoid being bitten. Keep your legs and arms covered at night, as this is when mosquitoes are most active, wear light-coloured clothing and don't use perfume or cologne. Insect repellents are available in various forms including gels and roll-ons. Sleep under a mosquito net (preferably one impregnated with an insecticide) or use an electric mosquito killer in the bedroom.

Wherever you are holidaying, always use high-factor sun protection, at least SPF 15. Look for products that give both UVA and UVB protection, and reapply regularly, especially after swimming. Stay in the shade during the hottest part of the day (11am to 3pm in hot countries) and cover up with a hat, t-shirt and sunglasses.

#### Travel sickness

Keep taking anti-malarials for four weeks after your return or until you have completed the course of tablets. If you have been ill or develop any unusual symptoms on your return home, consult your doctor. Some diseases have a long latency period and you can develop symptoms up to a year after the initial contact. If you had medical treatment abroad, claim on your insurance as soon as possible after you return.

# The hazards of holidaying at home

**Holiday horror stories don't always begin on the runway at Gatwick. As Zita Thornton explains, your health is also at risk when you holiday nearer home**

A few simple precautions can mean the difference between a happy holiday and a complete nightmare, so make sure that customers have everything they need to avoid disasters and be ready to advise summer visitors to the pharmacy.

#### En route

Travel sickness can spoil a holiday before it even starts. Children seem to be particularly prone to car sickness with between 30 per cent and 50 per cent suffering, but it can affect adults too. It is caused by disruption of the balance mechanism of the inner ear due to unfamiliar movement of the head in relation to the body. It also happens when there is confusion between what the eye sees and the inner ear feels.

Fortunately there is a wide range of effective remedies available, but remember that pregnant women or anyone suffering from glaucoma should choose a non-drug remedy. People taking anti-depressants should be referred to the pharmacist.

As the active ingredient in many treatments is an antihistamine, they may cause drowsiness which will be increased if taken with alcohol.

Treatments differ in the duration of their protection and when they should be taken and can be chosen to fit in with individual circumstances. Those based on hyoscine such as Joy Rides and Kwells are effective even when taken shortly before departure. Check the advice on the packet to see which are suitable for children of various ages.

Non drug remedies will avoid side effects. Ginger, a traditional remedy is found in Cantassium Herbal Travel Sickness Tablets. Nelsons offer homeopathic remedies. Sea Bands work on the acupressure principle.

Self help measures can reduce nausea, for instance, by applying pressure with

the thumb to the inner wrist and breathing deeply. Fresh air also helps so sufferers should travel on the deck of a boat and car windows should be open. Nor should they read in the car and it is better to sit with a clear view of the road ahead. Eating small meals is better than travelling with an empty stomach.

#### Bites and stings

Wasps, bees, mosquitoes, ants and other irritating midges love the warm weather as much as we do and their bite or sting can spoil a summer day out. The problem with biting insects occurs when their saliva enters the skin and causes histamine release, producing itching, pain and inflammation. They are more prevalent during the evening around water and in woodland so a repellent should always be used at these times. The most effective contain DEET (for example, Autan) and will last



for several hours. Natural products based on citronella will have to be applied more frequently. Citronella candles can keep insects away from a picnic or summer party.

Over the last couple of years there has been an increase in the number of wasps and they can be a real menace, so it makes sense to have a fast acting remedy to hand should a sting occur.

**Continued on p 24**

Wasp-eze, contains a local anaesthetic and an anti-histamine and can be used to soothe other bites.

Allereze Original Formula tablets, useful against hayfever, can also be taken to treat the effects of bites and stings.

Bees leave their sting behind and this needs to be removed by scraping gently with a needle.

For most people stings, although painful, usually have no lasting effects but for some the problem can be serious.

Immediate medical attention should be sought if the person who is stung

suffers from wheezing or dizziness.

### Tummy troubles

Gastric upsets are not confined to exotic holidays abroad, even those straying no further than the garden can fall victim to diarrhoea.

The problem occurs through food contaminated by bacteria, due to poor cooking, preparation or storage. Barbecues, picnics and buffets can be a breeding ground for bacteria when food is not cooked thoroughly or is left out of the fridge for too long on a warm day.

Salmonella poisoning has tripled in Britain over the past decade. Problems can

be avoided by storing cooked and raw meat separately in the fridge and using separate chopping boards, washing hands thoroughly before preparation, cooking meat, especially chicken, pork, and burgers all the way through and making sure that prawns and other shell fish are kept in the fridge until ready to be eaten.

Swimming in polluted waters can also cause gastric upsets. Many of our seaside resorts have untreated sewage off their coastline. Even those flying a blue flag denoting a minimum amount of harmful bacteria, have been found to contain

viruses which could cause gastro-intestinal problems, particularly in children. Nor are inland waters free of hazards. Recently, toxins were found in the majority of our lakes and rivers.

Although diarrhoea usually resolves itself, the loss of water and salts can cause dehydration, especially in children and the elderly. To maintain the balance of salts and water a dehydration treatment, such as Dioralyte or Electrolyte, is useful. If the effects are prolonged, refer to a doctor.

Preparations such as Imodium or Arret, which slow down the movement of food through the body, can stop diarrhoea, at times such as when travelling, but they also slow down the expulsion of toxins.

Leptospirosis, known as Weil's Disease, is present in rivers and lakes.

Caused by bacteria in the urine of wild animals, it can be hazardous to those involved in inland watersports. It causes flu-like symptoms after about ten days, which can be serious. Bacteria enters the body through cuts and abrasions in the skin and through the mucus in the nose and mouth.

Reduce the risk by avoiding total immersion when possible and covering any cuts with a waterproof plaster. Elastoplast Ultra and 3M Protect Strips have superior adhesive properties and won't come off while swimming.

### Summer safety

Relaxing on holiday can make people less vigilant about safety so accidents can more easily happen. Serious burns have



Continued on p26 ▶

OVER THE COUNTER 17 May 1997

# Don't come unstuck during those sticky moments!



3M Health Care has an established reputation for producing innovative and practical tapes and dressings, and, using its expert knowledge of adhesives, it has developed a range of gentle hypoallergenic first aid dressings that will ensure you don't come unstuck.

## Protect

New 3M<sup>TM</sup> Protect Strips plasters are designed to block out water, dirt and germs, and to gently protect without damaging the skin. 3M Protect Strips plasters are the result of extensive consumer testing and incorporate all the required elements of an 'ideal' plaster. Based on Tegaderm<sup>TM</sup> Film dressing, a specialist material used in hospitals and community for advanced wound care, 3M Protect Strips plasters are water-resistant (you can even swim or shower while wearing them) and form a breathable barrier to prevent infection and promote faster healing. The extra-thin material allows the plaster to bend and flex as you move, and, because it is transparent, it blends discreetly into most skin tones, clearly providing advanced waterproof protection.

## Comfort

3M Comfort Strips plasters are lightweight, velvety smooth and are designed to stretch and conform to

body contours. 3M Comfort Strips plasters feature a unique hole technology which encourages the healing process by allowing the skin to breathe. Comfortable to wear, they are gentle to remove and leave no residue.

## Cushioned

3M Active<sup>TM</sup> Strips plasters will stick to skin that is not completely dried – and stay in place until you want to remove them.

Gentle on skin, the soft cushioned backing offers extra protection. 3M Active Strips are also available in larger 'Knees and Elbows' size or 'Brights', a colourful alternative that will bring a smile to any youngster's face.

For jobs that just can't be done with only a plaster, 3M Health Care offers a range of First Aid tapes, and they come in easy to use dispensers for added convenience.

## Light

3M Micropore<sup>TM</sup> tape is a lightweight, microporous tape which allows the skin to breathe and offers virtually pain-free removal. Its gentle, hypoallergenic formulation and low-tack adhesive make it ideal for delicate skins or for use when dressings must be changed frequently.

## Stretchy

3M Transpore<sup>TM</sup> tape is a clear, porous plastic tape which is particularly suitable for hard to dress areas, such as knees, elbows and fingers. The tape stretches and conforms to body contours to give



£500 worth of  
Marks & Spencer  
vouchers to be  
won



It is excellent for securing dressings and offers strong adhesion, but leaves little or no residue when removed.

## On the nose

And, finally, if you're looking for something that can help your snoring or hayfever suffering partner, check out 3M Breathe Right<sup>TM</sup> nasal strips. Clinically proven to reduce nasal airway resistance by more than 30 per cent – without the use of drugs, 3M Breathe Right nasal strips provide relief from snoring and nasal congestion by gently dilating the nostrils and allowing a freer passage of air.

greater holding power, but, again, pain-free removal makes it especially suitable for children.

## Strong

3M Durapore<sup>TM</sup> tape is a strong 'silk' feel tape designed for general purpose use where extra strength is required.

*3M, Active, Micropore, Durapore, Transpore and Tegaderm are trademarks of 3M Company. Breathe Right is a trademark of CNS Inc.*

## Competition

We have £500 worth of Marks & Spencer vouchers to be won in our 3M 'Sticky Moments' competition (ten prizes each of £50 worth of vouchers). Answer the questions below and then send the coupon to: 3M/OTC Competition, OTC, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW. Closing date: June 30, 1997. All you have to do is tell us which 3M product you would use in the following situations.

1 You need a plaster which stays on while you go swimming.....

2 You have to secure a dressing in a hard to bandage area on a child.....

3 Your partner suffers from the effects of hayfever.....

Name.....

Address.....

Name of Pharmacy.....

.....Telephone number.....

**Rules** 1 The competition is open to pharmacy assistants only. 2 Only one entry per person will be accepted, and entries must be on an original form. No photocopies will be accepted. 3 The competition is not open to employees of 3M or Miller Freeman, their agencies or relatives. 4 Entries received after June 30, 1997, will not be eligible. 5 The first correct entry drawn at random after the closing date will be awarded a prize as stated. 6 The judge's decision is final and no correspondence will be entered into. 7 3M reserves the right to use any submission for future publicity. 8 The winners' identities will be available from 3M upon submission of a stamped addressed envelope one week after the closing date of the competition. 9 No cash alternatives may be offered. 10 Entry to the competition is taken as acceptance of the rules. 11 Proof of posting cannot be taken as proof of receipt. 12 No purchase necessary to enter.

## Exotic cuisine?

According to Warner Wellcome, one in three people in the UK regularly suffer from indigestion. It's not surprising that this figure tends to rise during the holiday season – the stress of travelling, a change of routine, and often an excess of food and drink. According to the manufacturer of Pepcid AC, 74 per cent of incidences of indigestion are food and drink related and of this over half is triggered by alcohol.

Zantac 75 has produced a 16-page colour booklet, the 'Brits Guide to Eating Abroad' with helpful tips on holiday health and advice on how to avoid upset stomachs while away. Handy hints include:

- go easy on spicy foods, especially if you're not used to them
- follow the local eating habits and try to eat regularly rather than nibbling in the day and then overeating in the evening.

It also takes a look at the food on offer in various European countries.

been suffered by people using barbecues carelessly. They should only be used with the correct barbecue lighting fuel and never left unattended.

Burneze can be recommended to provide relief for minor burns and scalds. First aid includes holding the affected part under cold water for 10 minutes. Serious burns should be covered with a clean dressing and referred for medical attention.

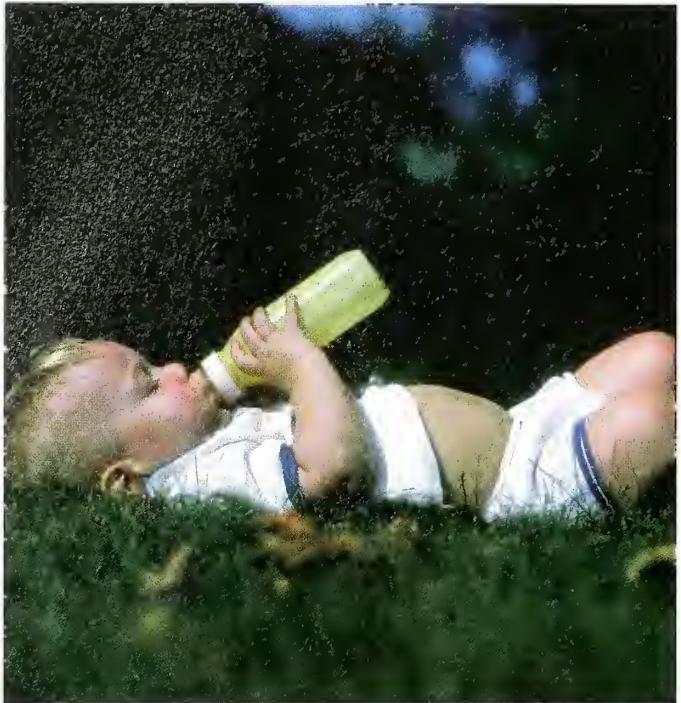
Unfamiliar territory can cause dangerous, potentially fatal, hazards to swimmers, divers and sailors. Knowledge of local tides, weather conditions, water depth and offshore winds can provide useful safety advice to holiday makers who visit pharmacies in coastal locations.

Sea condition flags can also be explained. Red denotes no swimming, yellow, that caution is required, and green allows swimming. A black and white chequered flag marks a surfing area where no swimming is allowed. A windsock can show when the wind is offshore and inflatables should not be used.

A display of sunglasses close to sun protection lotions will remind customers that strong sunlight can damage their eyes as well as their skin.

## Childcare

Unfortunately, even on holidays parents can never totally relax. Heat can make babies and young children fractious. Sweat can cause



**Warm milk is a breeding ground for bacteria**

irritating prickly heat spots. Calamine lotion can help soothe the area.

Nappy rash can be prevented by frequent nappy changes. Deodorising nappy sacks are useful to use on the journey and when staying in hotels.

Sleepless nights may be avoided by sticking to the same bedtime routine and ensuring the baby is cool.

Germs multiply in the summer heat so infant hygiene is particularly important. Warm milk is a breeding ground for bacteria so any left over after a feed should be discarded. It is even more important for feeding equipment to be properly sterilised. A portable steriliser is handy for taking on holiday. Parents should wash their hands before preparing infant foods and always after changing a nappy.

It's lovely for children to be able to play outside but extra vigilance is needed wherever there is water, even if it is shallow. Young children can drown in two inches of water. On the beach, young children should never be allowed to wander away out of sight. Coastal drownings occur every year.

Sand or even small insects easily find their way into a child's eye. The affected eye should never be rubbed. Sometimes blinking rapidly and blowing the nose helps dislodge sand or grit. If this doesn't work flush the eye out with clean water or use an eye lotion in an eye bath. If the sand is on the white of

the eye it might be possible to remove it with the corner of a clean tissue but the coloured iris should never be touched. If all else fails, medical assistance must be sought.

You know it's summer when you see grazed knees. We use a third more plasters in July and August than we do in January or February, largely due to more children playing outdoors where more accidents happen.

So it seems, a little preparation and vigilance go a long way to ensuring a happy healthy holiday when you're on home ground.

## Beat the bugs naturally

Laurence Kirk, clinic co-ordinator and lecturer at the British College of Naturopathy and Osteopathy, has put together some simple tips to help you prevent and treat insect bites and stings, and keep healthy and happy over the coming months.

### Do

- Put cold packs on the inflamed area to soothe the skin and use a slice of raw onion as a poultice to draw out poisonous toxins from the stings
- Use acidic substances on wasp stings and an alkali substance on bee stings. Dab vinegar on wasp stings to reduce inflammation. For bee stings, baking soda mixed with water and rubbed on the area will neutralise the acid in the sting
- Eat plenty of garlic, which acts as a natural insect repellent

### Don't

- Rub or irritate the inflamed area
- Pull a bee sting out, scratch it out instead

## ALLER-EZE Presentation:

Tablets containing Clemastine Fumarate U.S.P. 1.34 mg (equivalent to 1 mg Clemastine base). Indications: Clemastine is a potent, prompt and long acting antihistamine for the relief of allergic rhinitis, including hayfever, perennial rhinitis and vasomotor rhinitis. Dermatoses, including pruritus, atopic eczema, contact dermatitis and other allergic dermatoses. Urticaria, angioneurotic oedema and drug allergy. Dosage: Adults one tablet night and morning. Children 3-6 years half tablet night and morning. 7-12 years half to 1 tablet night and morning. Side Effects/ Adverse Reactions: At normal doses, drowsiness is infrequent and when it does occur, it is usually mild and transient. Rare miscellaneous side effects have been reported, such as weakness, dizziness, dry mouth, headache, palpitations, gastro-intestinal disturbance, heartburn and skin rash. These effects can be controlled by reducing the dose.

Precautions/Warnings: May cause drowsiness, if affected do not drive or operate machinery. Use with caution in those with narrow angle glaucoma, stenosing peptic ulcer, pyloroduodenal obstruction, prostatic hypertrophy with urinary retention and bladder neck obstruction. Use in Pregnancy and Lactation: Not recommended. Use in Children: Not recommended for children under 3. Contraindications: Known hypersensitivity. Interactions: Avoid alcohol.

May potentiate the effects of sedatives, hypnotics, and monoamine oxidase inhibitors. Cost: (retail) 10's £2.59, 30's £6.09. Product Licence Number: PL0255/0016. Licence Category: P

## ALLER-EZE CREAM Presentation:

Aller-eze Cream is presented as a smooth, white cream containing Diphenhydramine Hydrochloride B.P. 2% w/w. Also contains Propyl Hydroxybenzoate B.P. Liquid Paraffin B.P. and emulsifying wax. Uses: Principal action: A fast acting antihistamine for topical use in non-perfumed and non-greasy cream base. Indications: For the symptomatic treatment of allergic conditions e.g. urticaria, pruritus, allergic rashes, stings and insect bites. Recommended Doses: Adults and children over 6: Apply sparingly to the affected area twice a day and for no longer than 3 days. Use in Children: Not recommended for children under 6.

Contraindications: Hypersensitivity to antihistamines and benzoates. Do not apply to mucous membrane, eczematous conditions or where the skin is extensively broken or denuded or in acute vesicular or exudative dermatoses. Precautions: For external use only. Apply sparingly to the affected area. Avoid prolonged use, repeated application, especially to large areas. Side Effects/Adverse Reactions: In rare instances the skin may become sensitised to the product or to sunlight. If this happens, discontinue use immediately.

Pharmaceutical Precautions: Store between 4°C and 25°C. Retail Price: 25g cream £2.75. Product Licence Number: PL 0255/0030. Licence Category: P

Date of preparation: April '97



## NASTY BITES AND STINGS NEED A BIG RECOMMENDATION.

### A TOPICAL CHOICE.

Make sure that you're recommending Aller-eze Cream this Summer. In its very first year Aller-eze Cream has already made a big impact on the bites and stings market, becoming one of the biggest sellers in the profitable topical antihistamine sector.

Aller-eze Cream is strong on the local relief of pain and swelling and is as effective as mepyramine cream.

**Aller-eze Cream**



FAST RELIEF FROM BITES AND STINGS AND SKIN ALLERGIES

Many pharmacists already recommend it and users prefer it for the soothing way it feels on their skin.

### EFFECTIVE FAST ACTING RELIEF FROM BITES AND STINGS.

NOVARTIS CONSUMER HEALTH, MILL ROAD, HOLMWOOD, NR DORKING, SURREY RH5 4NU. TEL: 01306 742800.

### A BIGGER SOLUTION.

For more widespread rashes that need fast systemic relief recommend Aller-eze Original Formula Tablets. They contain fast acting, efficacious clemastine – longer lasting than chlorpheniramine. Clemastine can also be used as an alternative to Aller-eze Cream if your customers prefer to take tablets.

So to get big results all round give your customers the big relief of Allere-eze.

**Aller-eze**

ORIGINAL

FORMULA

Bites & Stings



Nettle Rash

FAST ACTING RELIEF FROM SKIN ALLERGIES

# The Guide

## Not sure whether depilation or epilation is for you? outlines the options for removing unwanted hair

As sure as spring follows winter, this is the time of year when we begin to consider body maintenance, and with holidays just around the corner our foremost concern is tackling the fuzz on legs, underarms and bikini lines.

Wet shaving is still the most popular method of hair removal for British women with seven out of ten of us regularly shaving. But there are plenty of options for those looking for longer term or even permanent banishing of unsightly hair. We look at some of the more unconventional and conventional ways of achieving satin smooth skin.

### Depilation & Epilation

The temporary removal of hair is termed depilation and can be applied to any method where regrowth appears after a short period of time. Depilation can be carried out at home or at the beauty salon. Epilation, the permanent removal of hair, is by a professional business only. The most popular method, electrolysis, should always be administered by a qualified therapist in sterile conditions.

### Depilation

Although the vast majority of us still rely on shaving for quick and instant hair removal, other depilation methods give longer lasting results. Over the past few years manufacturers have overcome practical problems such as odour and incorrect



**Shaving is the most popular method of hair removal**

application to develop products which are pleasant and easy to use.

Traditionally performed in the salon, wax (usually beeswax) is heated to just beyond melting point and applied to the skin with a wooden spatula. The beauty therapist then uses fabric strips to lightly press onto the cooling wax and whisk it away, taking both hairs and roots with it. This is an effective method because

the heat factor causes the pores to enlarge, enabling the hairs to be removed with ease. Home methods can be equally effective after a little practice, and Immac has recently introduced an applicator for its hot wax system to make it even easier for us. As regrowth can take between four and six weeks, waxing is highly recommended. Expect to pay between £10 and £20 for a half-leg wax.

**Suitable for:** legs and bikini lines.

**Try at home:** Immac Warm Wax With Applicator (£7.99), Rowenta Dolcezza Wax Roller (£39.99).

**Cold waxing** A slightly misleading salon treatment, cold waxing does involve a heated semi-liquid solution (around 43°C) but is gentler on the skin and is usually blended with soothing anti-inflammatory ingredients. Applied just like hot wax, the hairs are instead broken just below the surface of the skin, leading to regrowth after two to three weeks. The cost varies, but the average is around £12 for a half leg wax.

**Suitable for:** legs, underarm, bikini line.

**Wax strips** The same principle applies as with hot and cold waxing. Pre-prepared cellophane strips complete with a wax solution are applied to the skin and removed in one swift movement against the direction of hair growth. Owing to the skill needed to achieve a smooth result straight away, wax strips are most suited to the legs and face.

**Try:** Louis Marcel facial strip wax (£3.49), Louis Marcel strip wax with moist sachets (£5.79), Smooth Appeal leg wax strips (£4.35), Immac Mini Wax Strips for Face and Bikini Line (£4.69).

**Creams and lotions** Simple to use, these creams and lotions dissolve hairs just below the surface of the skin through a chemical reaction. Hair is made from a protein called keratin, which reacts to the alkaline-reducing agents contained in depilation creams by becoming swollen and soft, so they are easily broken

Picture courtesy of Wilkinson Sword

when the cream is gently rubbed away. The time needed to remove hair varies from person to person and on different areas of the body, but do always stay within recommended guidelines and always do a patch test when trying a new brand of depilation cream.

**Suitable for:** legs, underarm, bikini line.

**Try:** Immac Duo Perfect Sensitive (with applicator, 125ml, £7.99), Smooth Appeal hair removing cream (100ml, £2.99) or gel (100ml, £3.49), Nair hair removing cream (150ml, £3.99), which has different formulations for coarse/dark and light/fine hair, or Louis Marcel Bikini Smooth (50ml x 2, £6.79).

Increasingly popular in the UK, sugaring originated from the Middle East, where brides-to-be ritually have all body hair removed on the eve of their wedding. A paste made of melted sugar, lemon juice and water is either applied to the skin like wax and then removed in a single strip, or traditional Asian beauty therapists may roll the paste into a little ball and skim it over the area taking the hairs with it. It is also

reputedly less painful than waxing as the solution clings to the hair, not the skin. See the box for a home sugaring recipe.

**Suitable for:** legs, underarm, bikini line.

**Try:** Sessu Natural Hair Remover (£4.50, 50g), Smooth Appeal Sugar wax system (200g, £6.95).

Also originating in the Middle East, threading is a highly skilled method of 'tweezing' hairs away. Two lengths of thread are wound around the fingers and whisked across the skin, catching and removing hairs. Try beauty salons in the Asian community to find therapists familiar with the art of threading. At the Bharti Vyas salon in London (0171 935 5312), threading treatments start at around £7.50 excluding VAT.

**Suitable for:** facial hair, legs.

Designed to slow down the process of regrowth by interfering with the structure of the hair follicle. In a sense, growth inhibitors cause the hair follicle to become 'confused' so it doesn't grow as quickly as normal. There are both chemical and natural products available,

but it is advisable to choose the latter, especially if you are prone to sensitivity.

**Suitable for:** legs, facial areas, bikini line.

**Try:** Decleor Epileor (£28.25, 50ml).

#### Electrolysis

The most popular way to permanently remove hair (epilate), electrolysis is performed in one of two ways - by cauterising the root of the hair with short-wave diathermy heat, or by using chemicals alongside an electrically charged needle. It is often necessary to have treatment on the same individual hair more than once, as the cycle of hair growth occurs in three phases and the root needs to be 'zapped' when it is in a particular growth phase. The treatment can be uncomfortable due to the application of needles. For

more information contact the Electrolysis Centre (0121 500 5066).

**Suitable for:** facial hair.

Like conventional electrolysis, hair is removed via an electrical current, which causes the root to die. The difference is that needles are not involved, which is good news for anyone reluctant to undergo the needle. Instead, a conducting gel is applied to the skin and tweezers are used to introduce the electrical current to the tissue surrounding the hair follicle. After a few minutes the dead hair is lifted out. As with the needle method, the procedure may need to be carried out on the same hair up to three times before it is permanently removed. For nearest salon details or more information, telephone 0118 932 0650.

## Home Sugaring Recipe

- Mix one tablespoon of water with one tablespoon of granulated sugar in a metal pan over a low heat.
- When the sugar has melted and blended with the water it should reach the appearance of honey.
- Prepare the area to be sugared by washing with soap and water to remove any traces of grime and oil, then pat dry.
- Allow the mixture to cool to body temperature before applying with a spatula to the skin, then whisk the strip away against the direction of hair growth before applying the next strip.



With TE, tweezers and conducting gel introduce the electrical current to the hair to kill the root

# Screening out sunlight - a safer option for healthy skin

**After a long cold winter it's tempting to throw caution and clothes to the wind at the first rays of sunlight. But, as Sarah Purcell explains, it's more important than ever to be adopt protection**

Although public awareness of the need to protect ourselves from the sun is growing, there is still a hard core of people - between 30 and 40 per cent - who never use sunscreens. It's true, people are tending to choose higher factor sunscreens, particularly for children, but these tend to be those who already take steps to protect themselves from sunburn. It's the people who still aren't making the link between sunburn (at home or abroad) and skin cancer that we most need to reach.

Campaigns by the Health Education Authority and Cancer Research are making headway with their hard-hitting posters, but to ensure the message really sinks in, it's health professionals and people like you who can make a valuable contribution in ensuring they understand how to stay safe in the sun.

## Why protect skin?

When sunlight hits our skin, a series of complex changes take place beneath the surface. In the epidermis, the pigment-producing cells produce melanin - the golden brown sun tan - to protect the skin from further harm. So in fact, what we refer to as a healthy tan, is actually visible proof of sun damaged skin, and the darker the tan, the more damaged the skin is.

Sunlight consists of ultraviolet and infrared rays, and it's the ultraviolet rays that are so harmful to skin. These rays are divided into three bands - UVA, UVB and UVC rays.

- **UVA rays** are responsible for skin ageing and wrinkling, and are now also thought to be linked with skin cancer. The rays penetrate deep into the skin and over time destroy the supporting fibres of the skin, collagen and elastin, which eventually leads to lines and wrinkles. These rays are present all year round, even on cloudy days.
- **UVB rays** are responsible for sunburn and are directly linked with skin cancers. The rays are absorbed by the skin and stimulate the production of melanin which gives us our tan. If the skin becomes burned, the DNA of our skin cells is damaged, and it is this damage which can lead to skin cancer.
- **UVC rays**, potentially the most damaging, are screened by the ozone layer so don't reach the earth.

## Greater danger

As a result of a substantial decrease in the ozone layer above the earth's atmosphere, sunbathing is actually getting more dangerous than it was a few years ago. "It's thought that for every 1 per cent decrease in ozone there's a 2-6 per cent increase in skin cancers, and this ozone loss is set to continue for at least the next decade," says meteorologist Michael Fish. "In the Antarctic, ozone levels are just 40 per cent of what they were in 1970."

Many people mistakenly believe that they can't get burnt unless it's the height of summer, and that the UK sun isn't as strong as it is abroad. "We now know that the burning power of the sun in May can be as high as in August in Britain, and at the end of June the intensity of the British sun can equal that of a European holiday resort," says Michael Fish. "And even cloudy days can have high UV levels in summer, with some 90 per cent of rays able to penetrate clouds."

In addition, UV rays can be greatly increased if you're near water, sand or snow because the rays are being reflected.

## Skin cancer update

Every year 40,000 people will develop skin cancer, and of those 2,000 will die of it. The good news is that the vast majority will develop a less serious form of cancer - rodent or squamous cell carcinoma - which can nearly always be treated. But melanoma, the very serious skin cancer, is now affecting 4,000 people a year, with one in three dying from it.

Melanoma is more common among younger people and is now the second most common cancer among 20-34-year-old women. Experts believe it only takes six bouts of blistering sunburn during a lifetime to double our risk of developing skin cancer.

## Children in the sun

Research has shown that excessive exposure to the sun during the first 10-20 years of life greatly increases the risk of skin cancer, and melanoma patients are more than twice as likely to have had five or more blistering sunburns when they were children. And as it's estimated that children spend three times as much time outdoors as adults, then it's essential that they are properly protected from the sun.

**Continued on p32**



Picture courtesy of Unilever

# Sunsensitivity



## Apply now for your practical RoC Sunsensitivity Pack

Excessive exposure to the sun is one of the most common causes of skin cancer, which is the second most common cancer in the UK. The good news is that the risk of skin cancer can be reduced. So how can you help?

**Y**our position in the pharmacy means you are ideally placed to promote care in the sun and advise customers on the right sunscreen for their skin type and the sun conditions encountered.

Special protection is needed by those who are more sensitive to the sun because of their skin type (fair skinned, red hair) or because they have certain skin and medical conditions that are aggravated by sunlight. Sunlight on its own can cause abnormal skin reactions, (photo-dermatoses) which may be induced by certain drugs. Medications that can cause photosensitivity include: antihistamines, coal tar derivatives, oral contraceptives containing oestrogens, nonsteroidal anti-inflammatory drugs, phenothiazines, psoralens, sulfonamides, sulfonylureas, thiazide diuretics, tetracyclines and tricyclic antidepressants (Shoreland 1996). At the point of dispensing a prescription you can advise your customer of safety in the sun and correct use of appropriate products. For any of these groups it is advisable to recommend special sun protection such as a total sunblock cream.

### RoC Sunsensitivity Pack

RoC, the makers of the first sunblock (1957) and the No.1 recommended sunblock by Dermatologists and GPs have produced a RoC Sunsensitivity Pack. This practical resource focuses on photosensitivity and will help increase your understanding of the condition and provide advice for those at risk. The RoC Sunsensitivity Pack includes:

- 'Guidelines for the Primary Healthcare Team' which covers:
  - Skin health and the sun
  - Photosensitivity disorders
  - Sun sensitive skin and skin types
  - Key facts about protection and sunblocks.
- Leaflets for your customers on sun sensitive skin and protection:
  - A practical credit card sized 'Health Contact Card' with spaces to fill in useful telephone numbers and medical information including your pharmacy details.
  - A checklist on sun safety.
- A sample size RoC Total Sunblock SPF25 so you can test the product's cosmeticity compared to other leading brands.

If you would like to receive a RoC Sunsensitivity Pack please complete and return this coupon – subject to availability.  
(photocopies acceptable)

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Name of chemist \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

I currently stock RoC Total Sunblock SPF25  Yes  No

I currently stock RoC Skincare  Yes  No

Return to: RoC Sunsensitivity Pack, FREEPOST LON 513,  
TBP, Woodcock House, Gibbard Mews, High Street,  
Wimbledon Village, London SW19 5BY



In the sun without RoC.

In the sun with RoC.

### RoC Total Sunblock SPF 25

available on prescription

### Improved customer compliance



- Rubs in easily to avoid white residue on skin
- Non-greasy
- Safe, hypoallergenic and perfume-free
- Suitable for sensitive skin and children

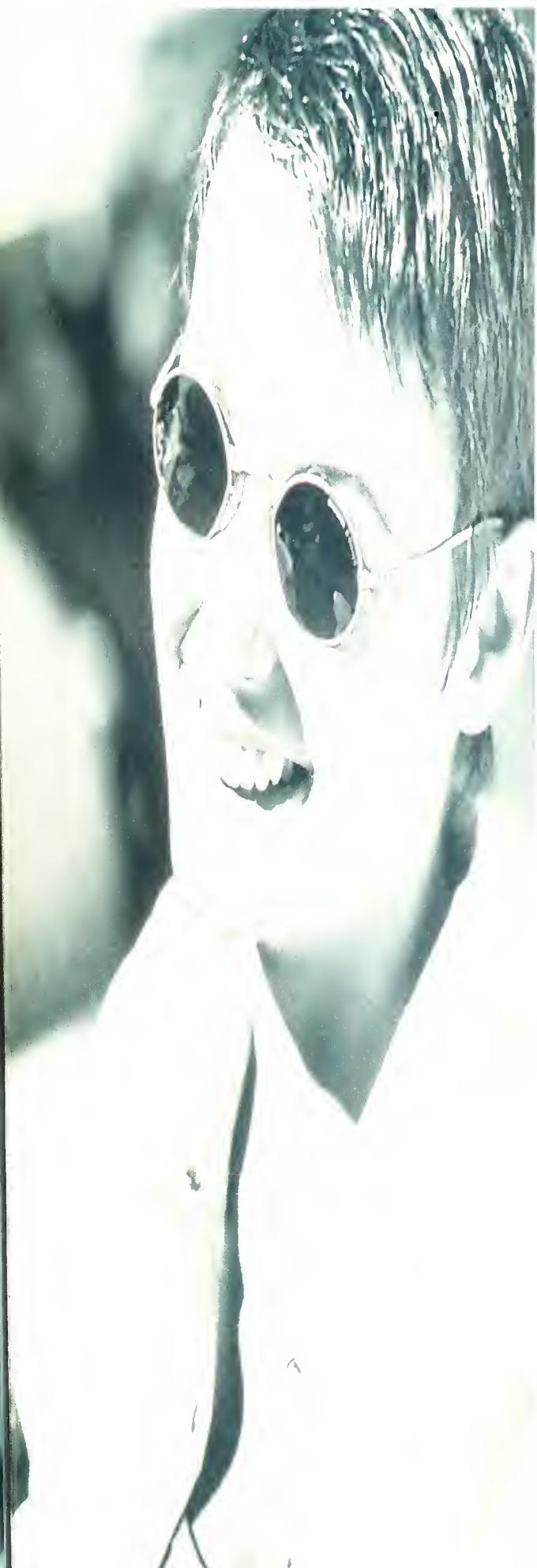
### Effectiveness

- Enhanced broad spectrum protection against UVB, UVA and IR rays
- Ginkgo biloba reduces vasodilation and skin redness
- Tested to pharmaceutical standards

### Substantivity

- Water and sweat resistant for lasting effect





Picture courtesy of Cobe

#### Continued from p30

Worryingly, children still seem to associate having a tan with looking healthy and attractive. A survey carried out by MORI for Cancer Research Campaign found that 58 per cent of children thought people looked good with a tan. Professor Gordon McVie, the charity's director general, said: "Our survey shows that 40 per cent of the young children we spoke to have already been burnt at least once. And of those, around a quarter said they had been sunburnt on at least three separate occasions."

#### Which sunscreen?

While in the past, dermatologists recommended different SPFs according to your skin type and the country you are in, experts now recommend that we all use a sunscreen with an SPF15 or higher and that you choose one which offers broad spectrum protection. This means that your sunscreen offers as much UVA as it does UVB protection. To check this, look on the back of the pack for the number of 'stars' given. If the product has a four star rating, then it gives maximum protection.

Many people make the mistake of not applying sunscreens liberally or often enough, so in fact they are much less protected than they think. To cover the average body, you need 35ml (about seven teaspoonsfuls) of sunscreen, and

this should be reapplied every two hours, and always after bathing.

Sunscreens seem to be getting ever more technical - but what do the new claims really mean? Windsor Healthcare has researched a new sunscreen ingredient called glutathione for its Uvistat range. Glutathione is a natural antioxidant found in the body, thought to play an important part in helping to protect skin from UV damage. Windsor has encapsulated glutathione in a liposome to enable it to pass through the skin. At present, it is only available in its Uvistat Activ-A SPF15 daily moisturiser, but the plan is to extend it to other Uvistat sunscreen products.

Beiersdorf has incorporated urocanic acid into its children's range. Swimming enhances the skin's sensitivity to sunlight due to loss of urocanic acid, one of the skin's natural UV filters. The addition of urocanic acid to sunscreens is designed to prevent this from happening, says Beiersdorf.

Hawaiian Tropic sunscreens now contain a triple defence system for extra protection. This includes a time-released complex of the antioxidant vitamins A, C and E to help combat the activity of free radicals.

#### Scalps at risk

Balding scalps are particularly at risk from skin cancer as they are constantly exposed to

sunlight and frequently not protected. Dermatologist Dr John Hawk says that fair-skinned balding men who spend a lot of time outdoors have virtually a 100 per cent risk of developing pre-cancerous lesions if they are not protected with a hat or sunscreen.

These lesions commonly appear on the scalp at around the age of 65, but can occur sooner if balding starts in the 20s or 30s. But if these are protected from sunlight then you can stop them developing further. Prevention is simple - wear a hat or apply sunscreen to any exposed areas of the scalp.

#### Sun know-how

- Avoid the sun between 11am and 3pm
- Seek natural shade in the form of trees or other shelter
- Cover your body with loose clothing and always wear a hat
- Use a sunscreen of SPF15 or higher with UVA and UVB filters to protect any exposed skin
- Put on sunscreen 30 minutes before you go out into the sun, apply liberally and reapply every two hours
- Choose a waterproof formulation if you're going to spend time in the sea or pool
- Protect eyes with sunglasses
- Keep babies out of the sun altogether
- Cover up toddlers and young children with long, loose clothes and put a hat on them.

Collage created by Tony bath

# I want to complain about....

**A conversation opener which is guaranteed to make your heart sink. However, as Diane Bailey explains, handling complaints correctly can, in fact, bring benefits to the business**

No matter how hard you and your pharmacy colleagues try to get things right, from time to time, some customers will be less than satisfied and will complain. When you are working hard to give good service it can be irritating to receive complaints. Strangely enough, people who actually come in and tell you their complaint are doing you and the pharmacy a favour.

## Doing you a favour

We know from research that most customers who are dissatisfied with something do not make a complaint, they simply vote with their feet and take their custom elsewhere. While they are doing that, they also tell anything up to ten people that they are dissatisfied with the service or product involved. So not only do they go away without giving the retailer or pharmacy a chance to put things right, they also damage their reputation with the other customers or potential customer. The one person in ten who comes in to make a complaint, gives you a chance to put things right and is actually doing your pharmacy a favour.

Figure 1 (over the page) shows the proportion of people who complain to those who could or do buy from you.

## Service Recovery

The term Service Recovery means putting right whatever has gone wrong for the customer, and this is very important. First, it costs a lot more to create a new customer than to keep and pacify an existing one. Another important consideration is that customer loyalty and satisfaction increases dramatically if a complaint is satisfactorily handled, and statistics confirm this. In fact, the level of loyalty and satisfaction is greater after



the well-handled complaint than it would have been if no complaint had been made.

The diagram (figure 2 overleaf) offers a fairly clear message. Customers know that things can go wrong, some of them give you a chance to put things right. Rise to the occasion and customers can be very generous.

## What goes wrong?

In a complex business like a pharmacy there are many possibilities where, despite your efforts, problems can occur or mistakes be made. You will have systems and procedures in place to protect against problems with prescriptions and dispensing of drugs but there are other areas where things can go wrong.

In an earlier article, I mentioned that good service has personal and material aspects. Surveys of retail customers show that those who make complaints make them about both the products (the material aspect of service) and the retail staff (the personal aspect of service). They also complain about processes and procedures which cause them inconvenience.

Common complaints include:

1. **Product**
  - faulty goods
  - unsuitable goods
  - lack of product information
  - poor product knowledge
2. **Staff**
  - rude behaviour
  - lack of interest
  - inattention

- unwillingness to help
- rigid interpretation of the "rule book"
- failing to honour promises.

3. **Processes and Procedures**
  - long queries
  - bureaucratic procedures
  - long delays in replies to letters
  - telephone calls badly dealt with.

## Putting things right

Putting things right after a problem has occurred requires more than good intentions. It needs:

- frank, willing comment from the customer. This in turn has implications for your pharmacy in that it needs to be seen to invite and value customer feedback not just on success

**Continued on p36 ▶**

# Spot the difference and win

**A**lthough the problem may be in the same area, when it comes to acid indigestion or heartburn and trapped wind, there is a big difference, and it's easy to spot. Acid indigestion and heartburn can feel like the stomach is burning, while the thousands of tiny loam-like bubbles which cause trapped wind lead to cramping and bloating. Though these conditions certainly feel different, they do have three things in common; they're painful, they're uncomfortable and they can both be relieved by one of the Setters variants.

## The dynamic duo

Setters Antacid has long been regarded as one of the most reliable remedies for acid indigestion and heartburn. It contains calcium carbonate and, with a choice of spearmint, peppermint and fruit flavours, Setters Antacid has proven itself to be consistently popular with customers. However, antacids are for acid indigestion and heartburn, and are not designed to tackle trapped wind, which is why Stafford-Miller developed Setters Wind-eze.

New Setters Wind-eze has been specially formulated with the active ingredient simethicone to relieve trapped wind. Its gentle action breaks down the tiny gas bubbles so that they disperse without causing any further discomfort or embarrassment, bringing relief to the sufferer. Not surprisingly, the launch of Setters Wind-eze has proven to be a great success, and has raised the Setters' profile still further.

## As seen on TV

Setters Antacid and new Setters Wind-eze are currently both being advertised on national TV in commercials

## RULES

The competition is open to pharmacy assistants only. 2 Only one entry per person will be accepted, and entries must be on an original form, no photocopies will be accepted. 3 The competition is not open to employees of Stafford-Miller Ltd, or Miller Freeman, their agencies or relatives. 4 Entries received after September 30, 1997, will not be eligible. 5 The first correct entry drawn at random after the closing date will be awarded the prize as stated. 6 The judge's decision is final and no correspondence will be entered into. 7 Stafford-Miller Ltd reserves the right to use any submission for future publicity. 8 No cash alternatives will be offered.

that feature the plasticine mega-star, Alan. These fun commercials do more than just advertise the products, they graphically illustrate to your customers the differences between acid indigestion and heartburn, and trapped wind, and between Setters Antacid and new Setters Wind-eze.

If you can spot five differences between the pictures of the commercials (below), you could win a champagne balloon flight for

two. In addition, the first ten runners up will receive a bottle of champagne each.

## Competition time

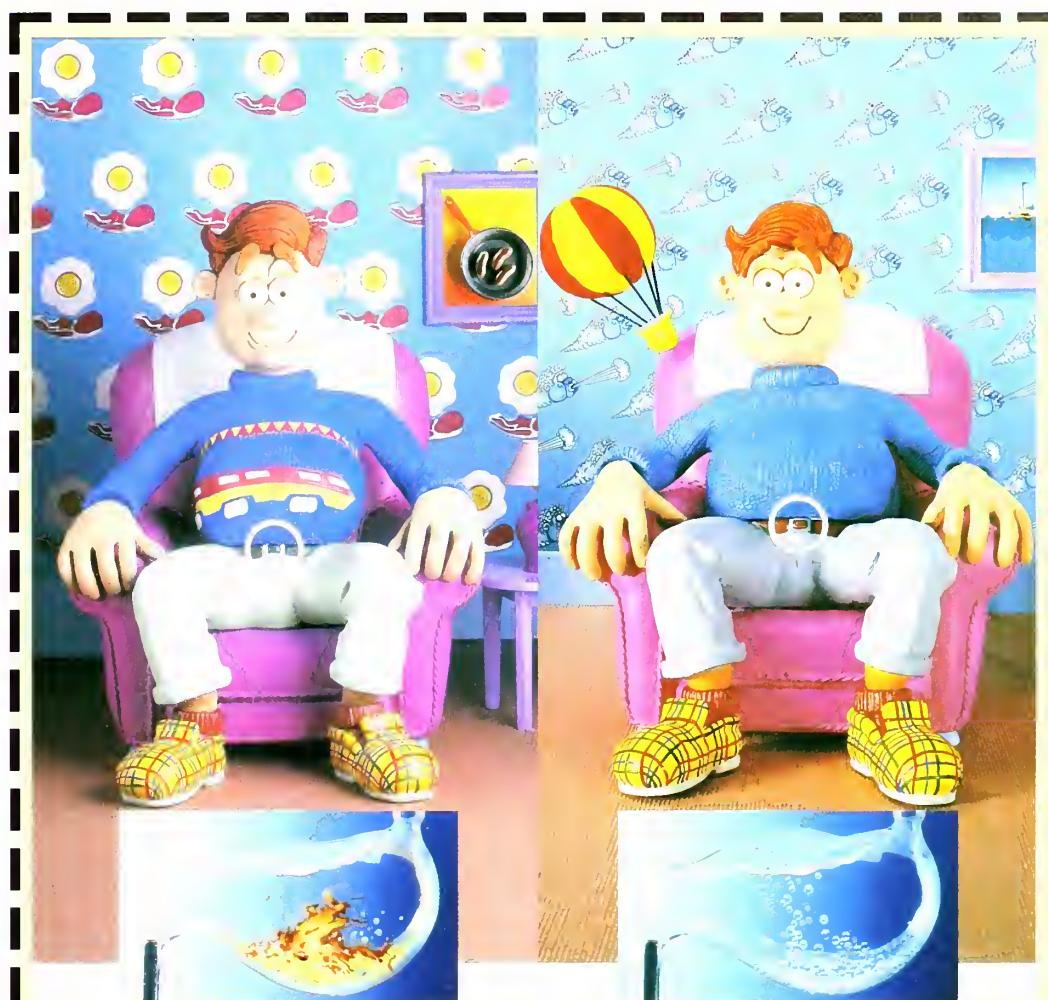
On the competition form there are two pictures, the one on the left is from the Setters Antacid commercial and the one on the right is from the Setters Wind-eze commercial. Simply look at the pictures and spot the differences. We've given you one, but you need to spot four more. When you've done that,

answer the simple questions and complete and return the form to the address below. Good luck and, remember, it's easy to spot the difference - Setters Antacid for acid indigestion and heartburn and new Setters Wind-eze for trapped wind.

DO 3347

Setters Wind-eze contains simethicone  
Setters Antacid contains calcium carbonate.

Always read the label.



## COMPETITION

Circle four more differences between these two pictures, then answer the two questions. Completed forms should be sent to Setters Antacid & Setters Wind-eze Competition, OTC, Miller Freeman Professional, Sovereign Way, Tonbridge, Kent TN9 1RW. Closing date September 30, 1997.

Setters Wind-eze bring express relief from.....

Setters Antacid bring express relief from..... and.....

Name.....

Pharmacy.....

Address.....

.....

**Figure 1 Complaining customers as a proportion of the potential market**



**Continued from p34**

stories but also on less satisfactory areas

- a willingness by the pharmacy to invite comment and feedback from customers, and an acknowledgement that mistakes can and do happen
- pharmacy staff who see customer complaints and problems as important and who want to put things right.

### On the front-line

Complaints and problems are generally made to you and your colleagues in person or by telephone. Your reactions and your reception of the problem will have significant impact on the customer's perception of service recovery and of the final level of customer satisfaction or dissatisfaction.

Those customers who bring themselves to complain, and they often have to psyche themselves up to do so, can often be

angry and upset when making the complaint or raising the issue. It is very important to avoid arguing or responding hotly to customers who complain. They are already feeling let down and upset. To argue makes things worse. There's an old saying that you can never win an argument with a customer.

Something else to avoid is justifying or making excuses from the pharmacy's viewpoint. The customer is not interested in this, but in achieving a solution to their own problem. They do not want to hear yours.

There are many reasons for complaints. All complaints need to be taken seriously as they are real to the customers involved. Even if the complaint seems silly or trivial to you, treat it seriously and remember that if it is important to the customer, it is important to your pharmacy.

You and your colleagues

represent your pharmacy to customers who, when they bring a complaint, expect to have it dealt with professionally and fairly. In practice this means that you are at the sharp end. You have to cope, give the required service, interpret company policy and take the necessary steps to ensure the customer is satisfied. This will not always be easy.

It helps if you understand how their own feelings can affect things. Knowing the company policy on complaints and having a sensible procedure for dealing with them also helps.

It is important to stay calm and to avoid feeling 'got at' personally. Complaints are very rarely directed at an individual. The individual is simply the receptacle for the customer's irritation, displeasure or anger.

The important thing is to make sure that you let the customer know that the complaint is being taken seriously and that efforts will be made to find a solution. A useful ten-stage approach is:

**1 Stay calm** – remember the irritation is generally not aimed at you.

**2 Avoid admitting any liability at this stage** – express concern and sympathy that a problem exists, for example, "I'm sorry there is a problem. Let me see what I can do."

**3 Let the customer get the story off their chest** – do not interrupt; this will only cause irritation.

**4 Get the facts** – use questions and careful listening to find out what the real, whole, problem is.

**5 Find out what the customer wants** – very often the customer knows what will satisfy them; often they just want acknowledgement that they have a problem.

**6 Identify the appropriate action to take** – bearing in mind the pharmacy's policy, the customer's expectations and what is possible.

**7 Take action to solve the problem if you have the authority to do so** – if you have not, involve the pharmacist but make sure that you brief the pharmacist on the situation so the customer does not have to start from scratch again.

**8 If the corrective action cannot be carried out immediately tell the customer what will be done and when.** Be realistic on promised timescales. It is better to underpromise and overperform than the other way around.

**9 Record action to be taken and inform anyone else in the organisation involved.**

**10 Follow up** – broken promises cause further irritation.

This approach can be presented in a variety of ways, for example, it can be outlined in a traditional discussion/lecture session and/or used as a model for the analysis of role plays or case studies.

### Preventing recurrence

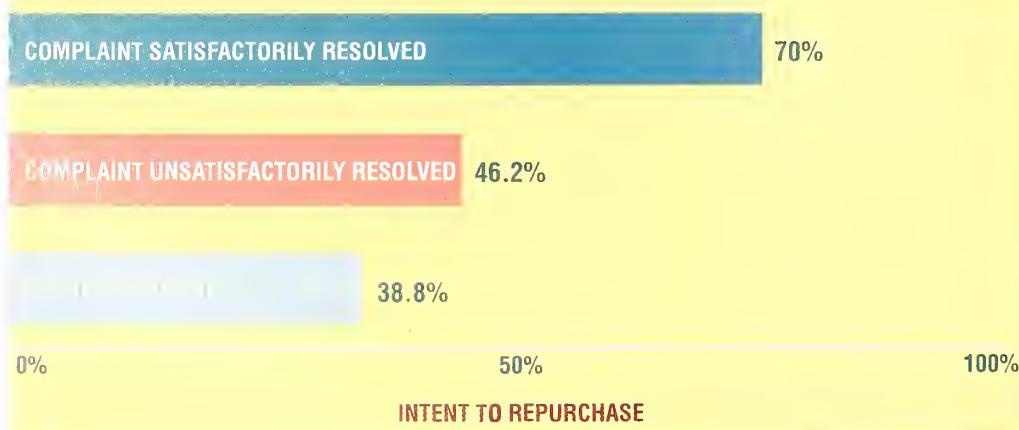
Once the specific complaint or problem has been sorted to the customer's satisfaction, the situation should be analysed to prevent it happening again. This may mean changes and improvements in anything from procedures and resources to staff training and information, to the level of support available from the pharmacy. Each complaint or problem is a chance to improve. Customers who complain are the kind ones – they give organisations a chance to put things right now and in the future.

Good handling of complaints involves both corrective and preventive action. Corrective to sort the immediate situation for the customer who made the complaint, preventive to do whatever is necessary to stop likely complaints from happening again.

### Finally

So the next time one of your customer's starts complaining, remember a problem solved or a complaint correctly handled means greater customer satisfaction and increased loyalty from the customer. This can only be good for your job and your pharmacy. Diane Bailey runs Diane Bailey Associates, a training consultancy in Rochdale.

**Figure 2 Relationship between customer complaint and customer loyalty**



# showcase



## Having the time of your life

Efafatime (30 capsules, £5.49) is the latest supplement from Efamol designed to help protect against the ravages of time.

It combines fatty acids with antioxidants to replenish declining polyunsaturated fatty acid levels and protect against cell-damaging free radicals. Although these negative effects become more marked with age, unhealthy lifestyle, smoking, alcohol and pollution can accelerate the process.

The dose for starters is four capsules daily for the first 12 weeks and two capsules daily thereafter.

POS material and consumer leaflets are available from distributor Novartis Consumer Health. For further information ring the Elamol Information Service on 01483 570248. Efamol Ltd. Tel: 01483 304441.

## English Grains adds to Calcia

English Grains Healthcare has extended its Calcia range with the addition of two combination products.

The range has been repackaged and is being repositioned as suitable for 'every stage of a woman's life'.

New Calcia Plus Evening Primrose Oil (120, £6.99) aims to help regulate hormone balance, as well as build and maintain strong bones. It is being targeted at younger women who suffer problems with their monthly cycle, as well as menopausal women.

Calcia Plus Cod Liver Oil combines the standard formula with cod liver oil, which can help maintain flexible and supple joints, as well as helping to maintain a healthy heart and circulation. A month's supply of 120 capsules retails at £5.99.

Folic Plus (90, £3.29) has also been repackaged to complement the Calcia range.

A national workplace campaign for Calcia, involving occupational health nurses, is being trialled in eight Sheffield companies. Pharmacists within a 15-mile radius will be briefed on the initiative, as English Grains predicts a subsequent increase in demand for Calcia products.

English Grains Healthcare. Tel: 01283 228300.



## Colofac IBS available OTC

Mebeverine, the leading prescription treatment for irritable bowel syndrome, is now available OTC as Colofac IBS.

It is licensed for the relief of IBS symptoms in diagnosed patients, including abdominal pains, cramps, wind, diarrhoea and constipation.

The drug is well tolerated and has no known interactions with others. It can be used alone or with a high-fibre diet.

Colofac IBS comes in 15-tablet packs (£4.99), representing five days of treatment. Solvay Healthcare Ltd. Tel: 01703 472281.

## Goodnight, Sleepia tight

Sleepia is a new diphenhydramine sleep aid presented as blue, liquid-filled, soft gel capsules.

for pharmacy and POS. Pfizer Consumer Healthcare. Tel: 01420 84801.

## Dual action Andrews

Smithkline Beecham has introduced Andrews Seltzer Extra for the dual relief of indigestion and headache.

Each effervescent tablet (ten, £1.89) contains paracetamol 500mg, sodium bicarbonate 1,342mg and caffeine 65mg.

The launch is being supported by a £1.4 million TV advertising campaign during the summer, the key purchasing period for the gastro-intestinal category, according to SB.

Smithkline Beecham Consumer Healthcare UK.

Tel: 0181 560 5151.



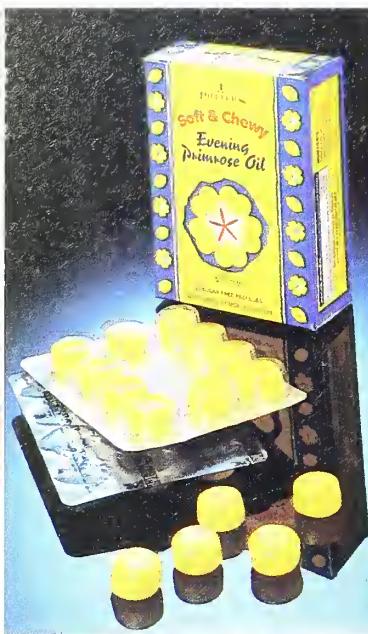
The recommended dose for adults and children over 16 years is one capsule taken 20 minutes before bedtime for occasional sleeplessness. If sleep patterns are not restored within ten days, patients should be referred to their doctor.

The launch is being supported by a £1.5 million TV advertising campaign, together with consumer leaflets, teaching aids

## Expulin tackles chesty coughs

The Expulin cough relief range now includes a chesty cough variant (100ml, £2.35). Expulin Chesty Cough contains guaifenesin (100mg/5ml) in a sugar-free, mentholated linctus to reduce excess phlegm and 'loosen' chesty coughs.

Monmouth Pharmaceuticals Ltd. Tel: 01483 565299.



## Soft and chewy supplement

Jacksons has developed Potter's Soft & Chewy Primrose Oil.

The new lemon-flavoured product contains 500mg of evening primrose oil in a sugar-free base. A pack of 30 capsules retails at £3.49.

Consumer research carried out by the company found that many women dislike swallowing capsules and are interested in a more pleasurable way to take evening primrose oil. Ernest Jackson & Co. Ltd. Tel: 01363 772141.

## Extended pain relief with Galprofen

Galpharm has introduced Galprofen Long Lasting Ibuprofen for extended pain relief.

Each capsule contains 200mg ibuprofen in a controlled release formulation to provide

12 hours of pain relief. The recommended dose is one or two capsules every 12 hours, with a maximum of four in any 24 hour period.

Galprofen is available in GSL packs of eight capsules, retailing at £1.99. However Galpharm is looking to introduce larger pack sizes and higher-dose ibuprofen in the Pharmacy sector.

The company's brand manager, Leonie Schofield expects the new variant to appeal to sufferers of 'nagging, background' pain which may last more than a few hours. Galpharm International Ltd. Tel: 01226 779911.

## Medicinal mouthfuls from Colgate

Colgate Oral Pharmaceuticals has introduced a new range of specialist medicinal mouthrinses.

Chlorohex 1200 (0.12 per cent chlorhexidine gluconate) is formulated for the treatment and prevention of halitosis and gum disease. It is also a palatable treatment for other oral conditions where chlorhexidine is indicated, such as mouth ulcers, denture stomatitis and oral thrush.

Chlorohex 1200 (300ml, £3.89), a GSL product and Chlorohex 2000 (£300ml, £3.59), a P product, can be used by adults and children over 12 years.

Chlorohex 2000 is also available on dental prescription.

Colgate Oral Pharmaceuticals. Tel: 01483 464587.



## Deflatine tackles a delicate matter

Roche Consumer Health is launching a new product, Deflatine, aimed at women who suffer the symptoms of bloatedness and excess gas.

Consumer research carried out by Roche revealed that almost half the women in the UK (46 per cent) suffer from bloatedness or trapped wind. Although men also suffer, this appears to be more of a problem for women, who find the symptoms embarrassing as well as painful.

The bloating is caused by a build-up of tiny air bubbles in the stomach. In small quantities, they aid digestion, but certain foods, such as raw vegetables, breads and spices, as well as alcohol and fizzy drinks, can cause an excess to accumulate.

Rennie Deflatine tablets are formulated to specifically target these indigestion-related problems. The active ingredients of simethicone, an anti-foaming agent; and calcium carbonate and magnesium carbonate, which neutralise excess acid, offer fast and effective relief.

Rennie Deflatine is a GSL product available in packs of 18 tablets with a recommended retail price of £2.99. It is being supported by a £1 million marketing campaign in its first year.

Roche Consumer Health. Tel: 01707 366000.

## A new generation of first aid

Smith & Nephew is launching selected products from its professional medical and surgical range, repackaged in a consumer-friendly fashion.

The product range, providing more effective management of burns, cuts, grazes and strains, comprises Melolin absorbent dressing pads; Primapore absorbent, adhesive pads; Opsite Post-Op cushioning, adhesive waterproof dressings; Jelonet dressing to protect burns; Opsite Flexigrid waterproof film dressings; Opsite Spray for minor cuts, grazes and unbroken blisters; Softcrepe light support bandage; Co-Plus coloured, light support bandage; and Elastoplast Elastic Adhesive Bandage for strong support and sports injuries.

Retail prices range from £1.69 for a pack of five (5 x 5cm) Melolin to £7.39 for a 4.5m roll of Elastoplast Elastic Adhesive Bandage. Smith & Nephew Ltd. Tel: 01482 222200.



## Citrus Calcium

Seven Seas is launching Calcium Plus Vitamin D lemon-flavoured tablet.

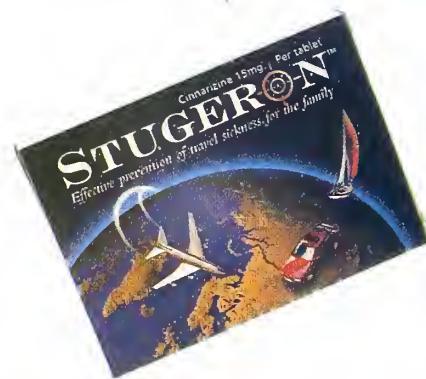
One tablet a day contains 400mg of calcium in a tasty and refreshing way to obtain adequate levels for maintaining strong and healthy bones. A pack of 30 capsules retails at £2.79.

Each tablet also contains vitamin D which improves the absorption of calcium. Seven Seas Health Care Ltd. Tel: 01482 375234.

## Extended appeal for Stugeron

Stugeron, the travel sickness tablets, has been relaunched to extend its appeal beyond the traditional holiday season. Stylish new packaging has been designed with an executive image to appeal to business travellers as well as families.

The new pack, containing 15 tablets, and retailing at £1.99, is being phased into pharmacies. Johnson & Johnson MSD Consumer Pharmaceuticals. Tel: 01494 450778.





## Fresh look for Baby Rice

Cow & Gate Pure Baby Rice packs have been redesigned to increase shelf impact and present a more modern image.

Dietary facts are presented on the front, making it easier for parents to identify it as gluten-, milk- and sugar-free.

The redesign brings the pack into line with the First Tastes Packet Meals. Cow & Gate Nutricia Ltd. Tel: 01225 768381.

## Avent alternative for feeding mums

An innovative manual breast pump is being introduced into the Avent range in mid-June.

The new Isis model dispenses with springs and seals, and generates suction using a one-way valve and silicone diaphragm.

Key to its operation is a silicone massager cushion, which sits inside the funnel. As well as offering a better fit and seal with the breast, the cushion has five petal-shaped stimulators which massage the area behind the nipple when the unit is pumped, encouraging the 'let down' reflex.

The suction that can be generated is stronger than with the existing unit, and can be controlled during pumping so that milk is drawn into the collecting bottle at a

comfortable pressure.

The Isis can be used with reusable Avent feeding bottles and disposable bottle bags. Pump, sealing lid, teat, two spare valves and two diaphragms will retail at £27.50.

The new pump is the first in a series of related items that the company is planning. Cannon Rubber Ltd. Tel: 01787 267000.

## Folic acid from Callanish

Callanish Nutritionals has launched a one-a-day Folic Acid supplement containing 400mcg in each tablet.

Formulated for mothers-to-be before conception and during pregnancy, folic acid helps ensure the healthy development of the unborn child, especially the spinal cord and brain.

The Government recommends that women who are planning a pregnancy should take a 400mcg folic acid supplement from the time they start trying to conceive until the 12th week of pregnancy.

A two-month supply (60) retails at £2.29. Zyma Healthcare. Tel: 01306 742800.



## Babynat organic infant formula

Babynat is a French organic infant formula manufactured by Vitagermine. It uses milk from cows fed with organically grown grass or organic green fodder. The vegetable fats are organically grown, first cold-pressed vegetable oils.

It is certified organic and carries the AB logo. SDF Trade & Promotion Ltd. Tel: 0171 380 0906.



## Efanatal for mother and baby

Efanatal is a new nutritional supplement from Efamol formulated for mother and baby.

Efanatal (30 capsules, £5.49) provides long chain polyunsaturated fatty acids which are supplied to the baby naturally via the mother (unless she is deficient).

Long chain polyunsaturated fatty acids are thought to have an important role in the healthy development of the eye and brain in the foetus and newborn.

Ideally, women should take Efanatal before conception, during pregnancy and while breastfeeding. It can be taken with folic acid.

The recommended dose is two capsules which provides docosahexaenoic acid (125mg), arachidonic acid (8.6mg), gamma linolenic acid (40mg) and vitamin E (20mg).

Efanatal is being distributed by Novartis and the launch is being supported by a £300,000 campaign which includes press advertising, consumer leaflets and POS material.

• Efamol Marine is being repackaged and renamed as Efamarine to bring it into line with the rest of the Efamol range. Although it may look different, Efamol stresses that the proven formulation remains the same and the easy-to-open lids for arthritic hands are also being retained. Novartis Consumer Health. Tel: 01306 742800.

## Seven Seas Plus points

Seven Seas is extending its Cod Liver Oil One-a-Day Plus range with two new combinations: Cod Liver Oil & Vitamin E and Cod Liver Oil & Ginkgo Biloba.

Research has shown that vitamin E supplementation can help reduce the risk of heart attacks by up to 75 per cent.

Medical evidence has also highlighted the role of omega-3 essential fatty acids in fish oils in promoting a healthy heart. The Cod Liver Oil & Vitamin E combination retails at £2.99 for 30 capsules.

The anti-ageing properties of the Chinese herb ginkgo biloba make its combination with Cod Liver Oil suitable for older people (£4.99 for 30 capsules). Seven Seas Ltd. Tel: 01482 375234.

## Sea-Band packed for the summer

Sea-Band has repackaged its anti-nausea wristband in time for the summer travel season.

It now comes in a smaller, more flexible case to help prevent damage when travelling. The blue card pack can be displayed on-shelf or hung from a stand. It also indicates the product's benefits for morning sickness.

A new Sea-Band leaflet on dealing with morning sickness in pregnancy without resorting to drugs is available from: Sutherland Health Ltd. Tel: 01635 874488.





## Be Sure with Ultra Dry Cream

Elida Fabergé expects to reinforce its dominance of the antiperspirant/deodorant market with the launch of a revolutionary new cream deodorant.

New Sure Ultra Dry Cream is said to overcome the shortcomings of current APD formulations – white powdery deposits from aerosols, roll-ons taking too long to dry and the wet, sticky film from sticks and gels. Elida Fabergé claims the suspension cream offers "unbeatable odour and wetness protection". It vanishes in seconds, leaving no visible deposit and its alcohol-free formulation means it can be used after shaving.

The company has developed a push button pack to dispense the cream. Available in four variants – new Cool White, Cool Blue, Cool Pink and Original for Men – Sure Ultra Dry Cream retails at £2.39. Elida Fabergé Ltd. Tel: 0181 481 6000.

## Radical action required

Despite the health warnings regarding skin cancer, for many people in the UK a tanned appearance is highly desirable and up to one in five people do not use any form of sun protection.

Responding to this,

Radical Tan UK has launched a new range of sun care products. Radical tan products, aimed particularly at young women, are formulated from natural ingredients such as aloe vera, coconut and jojoba oils. For sunbed use, the range includes three varieties of body spray as well as a gel and a lotion. Moisturising plant extracts are blended with naturally occurring body enzymes, which encourage melanin production. As melanin is the skin's tanning pigment, Radical Tan says using these products can reduce the number and duration of sunbed sessions.

For outdoors use a further three varieties of body sprays are designed to protect against the sun's burning UVB rays and are available in SPF4, SPF8 and SPF15. There is a Radical Tan Sun Apres, a soothing after-sun moisturising lotion.

Recommended retail prices range from £4.99 to £8.99. Radical Tan UK. Tel: 01773 344198

## Flexible friend for Pantene Pro-V

An innovative hairspray line-up is being launched by Procter & Gamble. Incorporating a new hairspray fixative, called Elastesse, the range has been developed to provide flexible hold with a natural feel.

Elastesse is designed to form flexible bonds which can stretch and contract, allowing the style to move more freely yet bounce



back into place. A built-in conditioner helps to improve the shine and feel of the hair.

Pantene Pro-V Flexible Hold with Elastesse is available in three variants – Natural Hold, Extra Hold and Maximum Hold. Retail prices are £1.49 (75ml), £2.99 (250ml). Natural Hold and Extra Hold also come in non-aerosol versions (£2.99, 150ml).

Procter & Gamble (Health & Beauty Care) Ltd. Tel: 01932 896000.

## Swiss sun care for sensitive skins

Swiss Ultrasun sun protection products are now available in the UK. This high-protection range is suitable for people with particularly sensitive skin, infants and children.

Designed to protect against UVA and UVB, the ultrasun high protection range includes: Sensitive Formula SPF 17 Liposystem Complex, Sports Formula SPF 20, Reflex SPF 22, Super Sensitive SPF 28 plus Aftersun Liposomal Gel Lotion.

The non-staining, water-resistant formulations are not tested on animals. Retail prices range from £7.09 for Sports Formula (125ml) to

£21.50 for Sensitive Formula (200ml).

● Ultrasun is offering ten lucky OTC readers an opportunity to try the new range for themselves. If you would like one of its special Summer sets comprising two sun filters (SPF17 and SPF 20), an Aftersun, which would retail at £41.00, and an Ultrasun beach ball,



send a postcard with your name and the address of your pharmacy to: Ultrasun/OTC offer, 26 West Street, Reigate, Surrey RH2 9BX, before June 23. The first ten names out of the bag after this date will be the lucky winners. Ultrasun (UK) Ltd. Tel: 01737 245499.

## Hydrience creates water colours

Clairel has introduced a new wave of home colorants with the launch of Hydrience, the first water-based permanent colour creme.

Enriched with sea proteins and minerals, Hydrience features a new technology which uses water to surround each colour molecule. The water molecules are attracted by the natural moisture in the hair, enabling Hydrience to saturate



each strand with permanent colour.

The shade palette of 18 contemporary colours ranges from the lightest Mother of Pearl to Black Pearl. Clairol Hydrience will retail at £5.49. Bristol-Myers Co Ltd. (Haircare & Toiletries Division). Tel: 01895 628000.

## Palmer's stretches a point

Cocoa Butter Formula Massage Cream for Stretch Marks (125g tub, £4.99) has been added to Palmer's cocoa butter skin care range.

Formulated to prevent the appearance of stretch marks, the product

contains pure cocoa butter, vitamin E, collagen and elastin. ET Browne UK Ltd. Tel: 0181 554 7000.

## Sugar sweet shades from Bourjois

Sweet-inspired shades dominate this season's new Bourjois Pastel Folies make-up collection.

Straw yellow, pistachio green, soft orange and pale lilac combine for a pretty 'baby doll' look this spring/summer.

There are three luminous Pastel Eyeshadows (£3.95) and Cil Sublime Lumière Mascara (£4.95); Pastel Joues Blusher (£4.75); Rouge Seduction Lipstick (£4.45); Shock Resistant Nail Polish (£3.75); Effet Lumière eyeshadow trios (£4.95); and Noir et Blanc, a double-ended eye pencil (£3.25). Bourjois Ltd. Tel: 0171 436 6140.



Designed to cater for specific skin care needs, the products are slightly higher in price than the rest of the range. Smith & Nephew Consumer Products Ltd. Tel: 0121 327 4750.

### Manpower for mankind from Vaseline Deodorant

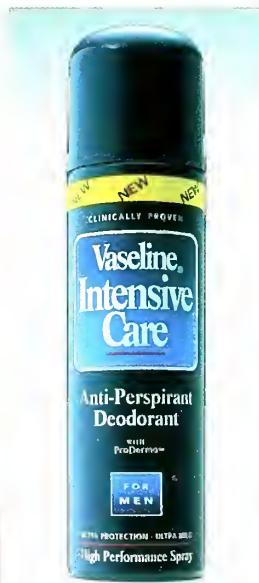
Elida Fabergé has launched a new male variant into its Vaseline Intensive Care Deodorant range.

Said to be "full protection against odour, yet easy on the skin", VIC For Men is aimed at the 'skin aware', including the 25 per cent of British men who suffer underarm irritation after deodorant use.

The product's woody, yet fresh smell was created by fragrance expert Ann Gottlieb, developer of CK One and Impulse ID. It combines cool and warm notes, reflecting the consumer trend to tonic woody scents.

A 150ml aerosol can retails at £1.99 and the black packaging clearly identifies it as a male product.

Elida Fabergé is supporting the launch with a £4 million-plus advertising spend, including £2.2m on TV from June to October, press ads in male magazines, such as *Loaded* and *Men's*



Health, plus a £800,000 nationwide roadside poster blitz. Tel: 0181 481 6000.

Smith & Nephew has launched a new premium range for Simple skin care.

Simple Premium includes two new products - Anti-Wrinkle Cream (£5.99, 50ml) and Anti-UV Moisturising Lotion (£5.99, 100ml). Also in the range is Vitamin Enriched Day Cream (£4.99, 50ml), which is replacing and upgrading the existing Moisture Rich Replenishing Cream.

carrier oils and associated products.

Each blister card is bar coded, packaging is recyclable and products are not tested on animals. Intec Laboratories Ltd. Tel: 0161 727 8424.

sun's harmful photo-ageing effects.

Hypoallergenic and 100 per cent fragrance-free, it is available in five shades (£8.95, 35ml). Revlon International Corporation. Tel: 0171 629 7400.

### A whiter shade of pale

White eyelashes will be the new look for this summer, according to Miners.

The company has introduced white variants of its Big Build Up and All Weather Mascaras (£1.99 each).

New, too, are white nail polish, lipstick, liquid eyeliner and eyeliner pencils. Retail prices range from £1.49 to £1.99. Miners International Ltd. Tel: 01264 350379.

### Every colour under the sun

Solar Active is launching fun nail polishes which change colour in sunlight.

Available in over 50 shades, the novel range is already popular in America.

The products are non-toxic and can be used as a skin protection alert in the sun. If a child's nails are painted with the clear polish, they know to put on a hat and sun cream when they turn red.

Solar Active (UK). Tel: 0181 870 1329.

### Star sponsorship for Soft & Gentle



Colgate-Palmolive has joined forces with pop star Louise to ensure star billing for its Soft & Gentle anti-perspirant deodorant range.

The company is sponsoring the Louise Solt & Gentle 'No Sweat' tour this winter as part of a £3.5 million support package for the brand. As well as interest from the 40,000-strong Louise fan club, awareness of the deal will also be generated through a tie-up with the teen magazine Sugar.

Extensive coverage of the November/December tour in teen titles will build awareness of the Soft & Gentle association. Colgate-Palmolive Ltd. Tel: 01483 302222.

### Intec helps reduce in-store theft

Discussions with chemists, security advisers and other retailers about shrinkage has led to the development of blister-carded packaging for 100 per cent essential oils by Manchester company Intec Laboratories Ltd.

A 10ml bottle of oil on a blister card is more difficult to slip into a pocket and is less susceptible to spillage or spoilage.

A range of 20 oils is supplied with a complementary self-merchandising unit, complementary

### It's for men, naturally!

Weleda has launched a natural, cruelty-free toiletry range for men.

It includes an aftershave lotion which owes its yellow colour to myrrh and golden witch hazel. Both ingredients have mild antiseptic properties to cleanse minor nicks or skin blemishes.

Other products in the range are an eau de cologne, aftershave balm and shaving cream (75ml, £3.95) which is suitable for sensitive skin. All the fragrance products come in classic square bottles (100ml, £8.95). Weleda (UK) Ltd. Tel: 0115 9448200.

### A lasting look from Almay

New in the Almay range is Amazing Lasting Make-up.

This silicone-based, oil-free foundation is formulated to last for up to 16 hours. Antioxidant vitamins A and E help protect the skin from environmental problems.

It contains a non-chemical SPF 6 sunscreen to help protect against the





## Shattering the illusions

In a new hard-hitting campaign for Migraleve Pfizer shatters the illusion that migraine is no more than 'just a bad headache' with strong images conveying the agony and pain associated with the condition.

With a strapline "A migraine is not just a headache - Migraleve is not just a headache pill", the visuals feature agonised, screaming faces.

The £1 million campaign aims to educate sufferers and non-sufferers about migraine and the need for specific medication.

Marketing manager Barbara Hodgson says "The images may shock some people but migraine sufferers do not relate to adverts which they think trivialise the condition".

The campaign, beginning in May and running to the end of the year, will be carried in the national newspaper supplements and women's magazines. Pfizer Consumer Healthcare. Tel: 01420 84801.



## Wilkinson Sword relaunch Extra II

Wilkinson Sword has relaunched its Extra II razor in an attempt to drive sales in the premium twin disposable sector.

It now features a 'no-slip' rubber grip handle, which is longer, curved and heavier. It comes in three variants - Regular (dark blue handle), Sensitive (green handle) and Women (pink handle). The relaunch is being supported by a £500,000 national press campaign. Wilkinson Sword Ltd. Tel: 01670 713421.



## Cymalon offers self help for cystitis sufferers

Seton Healthcare is launching a new advertising campaign for its Cymalon cystitis treatment.

Targeting first-time and frequent sufferers, the company is spending around £333,000 on the campaign from March to August. Advertising is appearing in the women's press, including Marie Claire, Cosmopolitan, Company, Elle, More,

Mizz and Essentials.

The advertisement features the new Cymalon helpline, which explains the causes of the condition, how to recognise and treat an attack, as well as some self-help tips for prevention. Educational cassette tapes and consumer information leaflets on cystitis are available for pharmacy staff training from company representatives. Seton Healthcare Group plc. Tel: 0161 654 3000.

## Waterproof protection from 3M

New from 3M Health Care are Protect Strips plasters.

Based on Tegaderm, a specialist material used in hospitals for advanced wound care, these clear plasters form a breathable barrier to prevent infection and promote faster healing.

Designed to block out water, dirt and germs, they offer waterproof protection and should stay in place even when swimming.

They are available in a wide range of sizes, making them suitable for the whole family. Retail price is £1.89 for any pack type. Scholl Consumer Products. Tel: 01582 842929.



## Lynx Inca promotion targets clubs and clubbers

Elida Fabergé is supporting Inca - its latest Lynx variant - with promotional activity targeting clubs and clubbers.

To reach its audience, Inca is taking to night spots with the Lynx Minxes, a group of Latino dancers. Inca-scented postcards will be placed in 180 'style bars' nationwide and fixed into men's magazines Sky and FHM. A

four-page scented pullout has also been developed for Loaded.

The company has teamed up with the Fantazia dance record label to produce a 'House Collection Volume 5' CD which is now available in record shops. The CD is being advertised on TV, in the press, at cinemas and on posters.

A £7 million advertising spend will support the whole Lynx brand this year. Elida Fabergé. Tel: 0181 481 6000.



At our shop we have all recently reached the halfway stage of the Pharmacy Interact programme by completing the ninth module. Even though most of us have worked as pharmacy assistants for years, we all feel we have gained valuable information which will help us with our role. However, I know the companies we work for will not all appreciate this as they will not be willing to pay us for our increased expertise. I have actually approached a company representative about this but all to no avail.

Moving on to more seasonal matters we have

recently had our annual stocktaking, which marks the beginning of the summer season for us. We have been stocking up on hay fever remedies, sun preparations, insect repellents and treatments for bites and stings. Of course, it isn't only customers who are targets for flying insects. I have been stung twice by wasps while at work. These days I am happy to share the same space with them. Maybe this poem will explain:

#### *Wasps in the shop*

*I was chatting to a customer on a bright and sunny day,  
When she said "look out my dear", as a wasp got in the way.  
The buzzing noise was deafening as it moved close to my head,  
This one was far from friendly and it filled my heart with dread.  
I found an Over the Counter; this one really needed swatting,  
The customers looked anxious as they tried to do their shopping.  
It ducked and dived and hovered, flew right up to the light,  
And then it flew straight at me: Oh Lord, I had a fright!  
It headed for the window, so I got my journal ready,  
I took a breath, a big step back, my hand was very steady.  
I hit the window very hard and then somebody said:  
"You've done a good job there, love, I think it's really dead"!  
I hope your summer won't be too buzzy.*

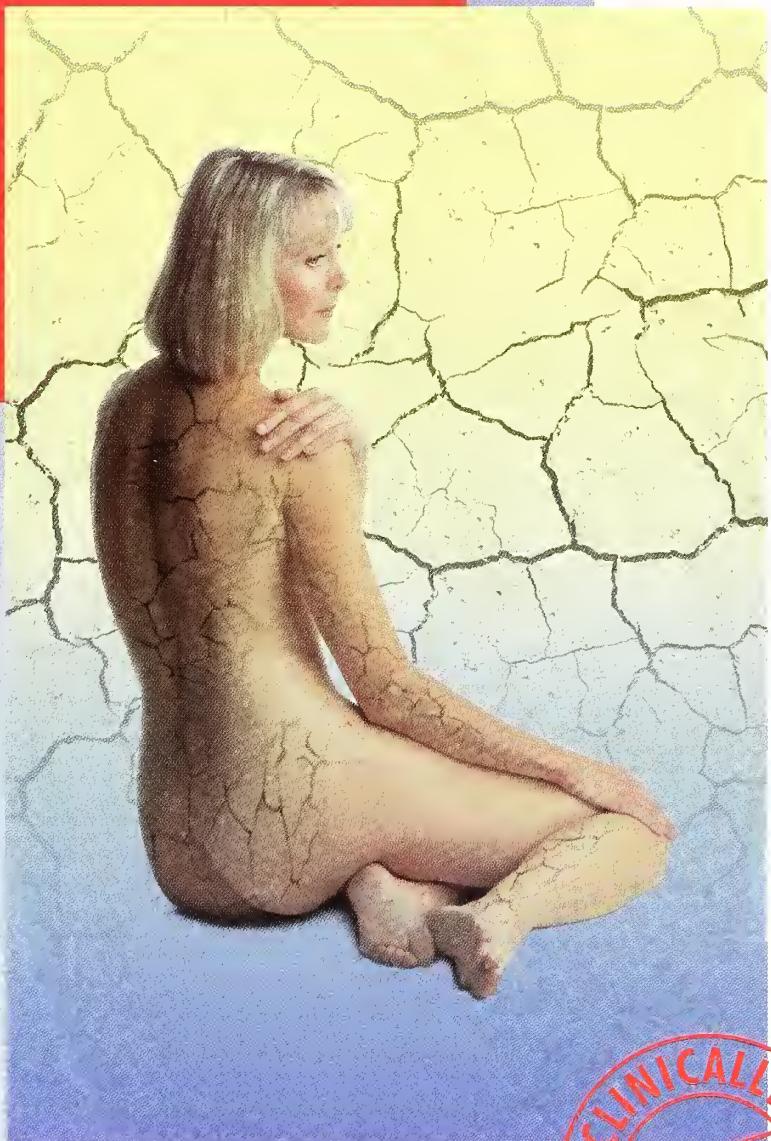
**BY BAM!**

## MEANWHILE...



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# Any body can suffer from the discomfort of problem dry skin ...



Announcing the UK launch of Eucerin – a new range of dermatological skincare products, specially formulated to provide effective relief from problem dry skin.

Established successfully in countries around the world, **Eucerin** is the number one dermatologist recommended product in the USA for dry skin conditions.\*

Containing urea, a natural moisturiser found in healthy skin, Eucerin is available as a lotion, cream or shower therapy to suit the individual dry skin sufferer.

Eucerin will be supported by a **£1 million launch campaign** including heavyweight sampling, consumer and health professional promotion, high impact point-of-sale material, and an extensive P.R. campaign.

Ensure **you** have stocks of Eucerin to meet consumer demand, and place an order through your Dendran representative.



## Eucerin®

DERMATOLOGICAL SKINCARE

DRY SKIN

... relieves the discomfort of problem dry skin